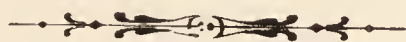




Urban District of Rothwell.



Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

(HUGH STEVENSON, M.B.),

THE

SANITARY INSPECTOR

(E. F. MOORHOUSE, A.R.San.I.)

AND THE

VETERINARY INSPECTOR

(SAMUEL WHARAM, M.R.C.V.S.).

1913.



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Rothwell Urban District.

STATISTICAL MEMORANDA FOR 1913.

Area in Acres	5,742
Population at Census, 1911	..	..	..	..	..	14,279
Population estimated to end of 1913	..	..	..	..	..	14,855
Number of Inhabited Houses in District, Census 1911	..	..	..	..	..	3,090
Average number of Persons per house at Census..	..	..	..	..	..	4.62
Birth Rate	28.40
Death Rate	14.40
Zymotic Death Rate	2.01
Infantile Death Rate	139.

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Rothwell Urban District Council.

ANNUAL REPORT

OF

MEDICAL OFFICER OF HEALTH, 1913.

To the Chairman and Members of the

Rothwell Urban District Council.

GENTLEMEN,

I have now pleasure in submitting to you for consideration a report on the Health and Sanitary condition of your District for the year ending December 31st, 1913. It will be my duty in the course of this report to bring to your notice not only the customary vital statistical tables, but also to criticise and to comment on several matters closely bearing upon such tables, and at the same time to emphasise several points bearing upon the public health of your District to which your careful attention ought to be directed during the ensuing year.

My report for the preceding year was a satisfactory one from the point of view of infectious disease notifications, but I fear that on this occasion a perusal of the various tables in this report, bearing upon the notification of infectious disease, will not give the same satisfaction, as did my last year's figures, to those who are anxious to see our District free itself, to a much greater extent, from the ravages of Scarlet Fever in particular, though as a counter-blast to the unwelcome attentions of Scarlet Fever this report will demonstrate that Typhoid Fever has shown a comparatively trifling incidence.

One point which I shall have the pleasure of discussing in some detail in this report will be the fact that a Health Visitor has been appointed to work this District; your Council thus taking a decided, and I think a most wise, step in the direction of dealing with the question of the preservation of child life.

POPULATION.

I shall follow the established custom in beginning my report by a consideration of the record of births and deaths, and as a necessary preface may mention that the number of houses in occupation in your District at the end of 1913 was 3,194, and taking the number of inhabitants per house to be 4.65 I estimate the

population of the entire Urban District to be 14,855, showing that the population of your District has increased during the year 1913 by 135 inhabitants.

BIRTHS.

The total number of births registered during the year was 422, comprising 209 males and 213 females. Last year the registered births amounted to 393, and for the year prior to that the figure was 359. Of the total number of births registered those registered in the sub-registration district of Rothwell consisting of the North, South and Stourton Wards amounted to 254, of which 130 were males and 124 females, while the births registered in the sub-registration district of Ardsley comprising Carlton and Lofthouse with Thorpe Wards amounted to 168 of which 79 were males and 89 females.

Comparing our 1913 figures with those for 1912 we find a difference in favour of this year of 29 births for the entire District ; there being an increase of one in the Rothwell and Stourton Districts, just sufficient to prevent the Lofthouse and Carlton Wards which show an increase of 28 on their previous year's record, from claiming all the credit for the achievement, and of pointing the finger of scorn at their more laggard neighbours in the Rothwell and Stourton Wards as being retrograde in that all important feature in the life history of any District, namely, its birth rate.

In spite of the most commendable efforts made by the Lofthouse and Carlton Wards to redeem the shortcomings of the rest of the district, thus enabling us to show an increase in 1913 of 29 over the birth figures for the previous year, the lamentable and most suggestive fact still remains that ten years ago, with a population 2,500 smaller than it is to-day, we had the same number of births and a distinctly higher birth rate, and the only comment possible on this state of affairs is that it leaves little scope for self commendation, and that if this retrograde movement continues for several more generations at the same rate the situation will become one, not merely for comment, but will be one of most serious import. It may, however, be some comfort to those who feel the severity of this criticism to learn that though they may not have done well there are others who have done still less well, as shown by the fact that the average birth rate during 1913 for England and Wales was only 23.90, against our local figures of 28.40.

BIRTH RATE.

The birth rate of the entire Urban District is 28.40 per 1,000 inhabitants, showing a slight advance on the 1912 figure which was 26.69 ; the figures for the two years preceding that being 24.89 and 24.45 respectively.

The birth rate for all England and Wales for 1913 is 23.9 per 1,000 inhabitants.

ILLEGITIMATE BIRTHS.

The illegitimate births number 16, comprising 6 males and 10 females. Of the total number 11 belong to the Rothwell and Stourton Wards and 5 to the Carlton and Lofthouse-with-Thorpe Wards. The illegitimate births are in the proportion of 1 in 26 of the total births registered as compared with 1 in 30 in 1912 and 1 in 45 in 1911.

DEATHS.

The total number of deaths registered in the entire Urban District in 1913 was 214, comprising 114 males and 100 females. Of these 214, the Rothwell sub-registration district claims 129, 65 males and 64 females, whilst the Ardsley sub-registration district accounts for the balance of 85 deaths comprising 49 males and 36 females.

In 1912, a year of wet and sunless weather, the total number of deaths registered in the entire Urban District was 164, a number appreciably lower than that of the present year, while 1911, a year memorable for heat and absence of rain, was responsible for 220 deaths, 6 more than the present year shows.

A perusal of the Local Government Board Table, No. 3 in this report, showing the causes of death at all ages, discloses some interesting features, and also shows how marked is the difference in many instances in the causes leading to death in 1913 and its predecessor 1912.

The outstanding difference in the list of "causes of death" in the two years under question is in the case of deaths from diarrhœa, which disease during 1912, with its low temperature and high rainfall was practically non-existent, and accounted for only two deaths during the year, while in 1913, as also by the way in 1911, both of which years were characterised by plenty of warmth and sunshine, diarrhœa has shown itself to be one of the biggest contributors to the list of deaths from any cause during these years. This shows fairly conclusively the great part which climatic conditions play in the causation of this disease, and only emphasises what I have so often said in my Annual Report when discussing Typhoid Fever, a condition closely allied to epidemic diarrhœa.

When we consider that in 1911 no fewer than 21 out of the total number of deaths (equivalent to 1 death in 10), were due to diarrhœa, of which 17 occurred in children under two years of age, and that in 1913, 19 deaths occurred from this disease (equivalent to 1 death in 11) of which no fewer than 18 were those of children under two years old, we cannot but admit that this state of affairs shows a lamentable wastage in child life, and one which is of far too serious an import to be passed over without careful consideration, and as will be seen under my remarks on infantile mortality I am of opinion that while much may be done by Public Health Authorities in removing or ameliorating conditions which notoriously contribute to the prevalence of this disease, there is at the same time a serious responsibility devolving upon parents in this matter.

Another condition which has been a big contributor to the mortality figures during the past year was diseases of the respiratory organs, 35 deaths being returned as due to pneumonia and bronchitis, which works out at about one death in six as due to these causes. As again bearing upon this question of mortality in young children it is instructive to note that, of the 35 deaths during the year from pneumonia or bronchitis, 21 of them, that is 60 per cent. occurred in children under 5 years of age.

As was also the case in 1912 deaths due to organic heart disease form a large proportion of the total deaths during the year, the proportion being 1 to 6.5 of the total year's deaths, practically the same as in the case of pneumonia and bronchitis.

The only other point which I think merits special comment in this direction is in the case of deaths from tuberculosis (all forms) disease, which provided 23 deaths during the year, equivalent to 1 death in 9 of the total deaths registered. This is a matter into which I enter with much greater detail in another part of this report when considering tuberculosis.

DEATH RATE.

The district death rate for 1913 is 14.40 per 1,000 inhabitants, comparing with 11.14 in the preceding year and with 15.21 in 1911, the average death rate for the ten years 1903-1912 inclusive was 13.91, so it is seen that our rate this year is higher than the average for the past decade. I find that on only two occasions during the past ten years, namely in 1905 and 1904 was our annual death rate higher than it is this year, though as is shown above our rate for 1913 is not materially above that of the average for the last decade.

A more unsatisfactory feature of the death returns than the mere gross total of deaths or even the gross death rate, is the fact that in 1913 37 per cent., rather more than one-third of the total deaths registered, were those of children under 5 years of age, as compared with 20 per cent. in 1912 and with 30 per cent. in 1911. This most undesirable proportion of deaths in children will receive considerable attention later on in this report when discussing infantile deaths.

The death rate for all England and Wales for 1913 is 13.7 per 1,000 inhabitants.

INQUESTS.

Ten inquests were held during the year 1913, as compared with 16 in 1912. The following table shows the number of inquests held in the different wards of the district during the year in question :

North Ward.	South Ward.	Stourton Ward.	Lofthouse-with-Thorpe Ward.	Carlton Ward.	Total.
1	3	0	3	3	10

The causes of death were returned as follows :—Accidentally killed, 4 ; Syncopy, 2 ; Heart Disease, 1 ; Heart failure while under an anaesthetic, 1 ; Septic poisoning, 1 ; Suicide (drowning), 1.

ZYMOTIC DISEASES.

During 1913 thirty deaths were returned as due to zymotic diseases :—

Typhoid Fever, 1 ; Measles, 1 ; Scarlet Fever, 4 ; Diphtheria, 5 ; Epidemic Diarrhoea and Enteritis, 19.

During 1912 only 9 deaths were returned as due to zymotic diseases, while 1911 showed 36 such returns.

ZYMOTIC DEATH RATE.

The zymotic death rate for 1913, viz., 2.01 shows a considerable advance on that for 1912 which was only 0.61 per 1,000 inhabitants. I find on reference that our zymotic death rate for this year has been surpassed on only one occasion during the past ten years, namely in 1911, which like last year was characterised by drought and warmth.

The rate for all England and Wales for 1913 was 1.20.

An analysis of the causes of those zymotic deaths shows the source of our heavy rate, as no fewer than 19 deaths were returned during the year as being due to diarrhoea and enteritis, while at the same time we have an unusually large number of deaths from scarlet fever and diphtheria, namely four and five respectively.

It is satisfactory to note that although we had during the year a severe outbreak of measles in the North Ward we had only one death returned during the year as due to measles, and none at all as due to whooping cough.

As will be seen under the remarks I have made under “infantile mortality,” the infant part of our community was very heavily hit by epidemic diarrhoea during the year, and the deaths from that cause among infants under the age of twelve months are almost entirely responsible for the fact that our zymotic death rate shows such a decided increase on that of the preceding year.

INFANTILE MORTALITY.

To my mind one of the most important and significant, if not absolutely the most important, features in the life history of a district should be the infant mortality of that district. This matter has pushed itself forward more prominently every year for several years back and it may safely be said that no subject has received more attention in recent years from those engaged in Public Health work, whether as officials or as administrators, than the question of the preservation of child life.

It is at length realised, with a steadily declining birth rate, and with the appalling wastage in child life, which goes on all around us, that the outlook so far as the welfare and virility of the race is concerned is one tinged with a considerable degree of apprehension.

Accepting the truth of the axiom that child life is necessarily the most valuable of any to a district, and also that there is no asset which a district can possess of anything like the same value as a vigorous, healthy and large child population, then it is evident beyond the need for argument or discussion that the question of infant and child deaths is one, the importance of which is not surpassed, if it can be equalled, by any feature in an annual report on the public health of a district.

From this standpoint it was to me very satisfactory to point out in my last report, namely, that for 1912, that the infant mortality figure for that year was the lowest for many years. On the present occasion there is not so much room for congratulation, as I find that the infant mortality rate for 1913 was 139, that is to say, out of the 214 deaths registered in this district during 1913, that 59 of them occurred in children under one year of age, thus giving us the proportion of 139 deaths under one year of age per 1,000 registered births, and it is also noted that the infant deaths under one year provided 27 per cent. of the total registered deaths in the district, as against 14 per cent. for the previous year, with an infantile death rate of 58 as opposed to our 139 on this occasion, and I might add that the rate for the two years previous to 1912 was 116 and 133 respectively, while for the decade 1903-1912 it was 131, so it is seen that our rate for the present year is really in excess of the average for the previous ten years, though it might be pointed out that the excessively low rate for 1912, viz., 58, is largely responsible for thus bringing down the average.

The average infantile mortality rate for England and Wales was 109, so that if in 1912 our rate was below that of the country generally, on this occasion it is rather higher.

To be told that the infant mortality rate for the District is 139 may not convey much to the ordinary person, but when it is pointed out what this really means, the significance of the figure becomes at once apparent. To put it plainly, it means that 14 per cent. of the children born in this District fail to reach the age of one year, or to put it in words that cannot be misunderstood by anyone, it means that almost every seventh child born in the District dies before attaining the age of one year, and when it is realised that this is not peculiar to our own District, but that pretty much the same condition of things prevails all over the country, it does not require any high degree of intelligence to appreciate the gravity of the situation. It may be quite legitimately urged, and with perfect

truth, that many of these deaths are absolutely unavoidable, but even that contention leaves a considerable balance of deaths in children from what might be termed "avoidable causes."

A consideration of the "causes of death" among infants reveals several interesting and instructive features. When we find, out of a total of 14 deaths from premature birth that 11 took place within a week of birth, we must assume that the degree of prematurity and of debility were such as to make it impossible that these children could have lived, and those deaths may, I think, safely be put down under the category of "non-preventible deaths." but the remaining three cases of death from premature birth could scarcely come under that heading.

Again, under the heading of "debility and wasting diseases" we find recorded 10 deaths under one year, and of this total 4 occurred within three months of birth, implying that the child at birth was exceedingly weak and debilitated, but the remaining six deaths occurred at ages between three and twelve months, and here I think it might reasonably be contended that skilled and intelligent advice and supervision might have considerably assisted in saving some of those infants.

Deaths from zymotic diseases in infants apart from diarrhœa, have been singularly few during the year, as there is only one death due to this cause, namely, from measles.

Of the remaining causes of death shown in the infant mortality returns, two stand out pre-eminently above all others, viz., pulmonary diseases and diarrhœa, which two conditions together were responsible during 1913 for 27 deaths among infants, or for 45 per cent. of the total infantile deaths. It is perhaps natural to expect such conditions to occupy a prominent position in the causes of death in young children, but at the same time, I think we have here, above all others, deaths which may legitimately be termed preventable, or rather, I might say that the causes which lead up to them are preventable.

During the year 11 deaths, or more than one death in six of the total infantile deaths, were returned as due to either pneumonia or bronchitis, and what makes the matter more significant is the fact that none of these deaths occurred in children under three months old, and only three of them in children under six months old, the period between six and twelve months of age providing eight of the total 11 cases, and to show how ruthlessly diseases of this character attack and destroy child life, I may emphasise the fact that to this record of 11 deaths from pulmonary diseases in infants must be added 10 more occurring in children between one and five years of age from the same causes, showing that a total of 21 deaths during the year, or one in ten of the total deaths at all ages and from all diseases, occurred in children under 5 years of age, and from either bronchitis or pneumonia.

The most significant and suggestive feature of the infantile death returns, however, in my opinion is undoubtedly the fact that so many infants have lost their lives during the year from diarrhoea and enteritis, 16 deaths having been returned as due to this cause, which is equivalent to 29 per cent. of the total infantile deaths during the year, and to show how great has been the ravages of this disease among very young children, it is only necessary to mention that the total of deaths at all ages attributed to diarrhoea during the year was 19, of which 18 occurred in children under two years of age, and to make this quite clear, I might explain that this means that during the year 1913, one death in every 11 which occurred in our district was due to diarrhoea and occurred in children under two years old. Surely it must be admitted that here is an enormous wastage of valuable child life, and here beyond all question is a large contributory factor to the class of deaths which may legitimately be termed "preventable," and our experience in this connection during 1913 seems to be on a par with the general experience all over the country, and it must of course be admitted that the climatic conditions during the summer and autumn of 1913 were much more favourable for the development of diseases of this character than was the case during the wet summer of 1912, but, on the other hand, 1911, with its phenomenal drought and heat, showed fewer deaths from enteritis than does 1913.

A consideration, year after year of the tables, showing infantile and child deaths has naturally raised the question of what means, legislative and administrative, can be employed not only to bring about a shrinkage in the total number of deaths thus annually recorded, but just as important, to improve the standard of, and to conserve, child life generally. Many public health authorities have, in face of such facts, felt themselves impelled to take action, and among other steps taken have appointed in their districts, Health Visitors, whose function it has been by the exercise of judicious advice and supervision, to endeavour to secure to every infant born a reasonable chance of surviving that most fatal period, its first year of life, and of living that particular period under conditions most likely to result in a healthy and vigorous child, well equipped to hold its own in the future struggle for existence.

The fact, of course, must not be overlooked that the sole responsibility in this matter does not rest with Public Health Authorities. Parents of children certainly have the right to expect that those responsible for the public health of their district will do their duty in all matters appertaining to the well being of the community so far as their jurisdiction enables them, but, if parents have rights in this matter, they most certainly also have duties and responsibilities, not the least of which is to ensure that their children are brought up, so far as their circumstances permit, with the idea of doing all in their power to make them into useful and healthy citizens.

It has often been said of late that there is far too much grandmotherly care taken of the general public by the State and other subsidiary ruling bodies, and in some directions this may be so, but I am firmly of opinion that any effort which has for its motive the preservation of child life, and the endowment of the community with a healthy and vigorous child population, is one to be most warmly commended, and that the cost of such action should only be considered in the light of the probable benefit resulting from it.

In this district you have been well abreast of the times in dealing with this matter, and in the latter part of the year appointed a Health Visitor for your district, and I think great credit is due to the Chairman and Members of the Sanitary Committee, who have certainly borne the heat and burden of the day so far as this matter is concerned, in thus materialising what had been considered and discussed in a nebulous sort of manner, over many weary days.

It might be contended that, as comparatively few districts had appointed Health Visitors, there was no need on your behalf to be so precipitate in the matter, and that pioneers often have cause to lament their precipitancy. My reply to that is that without pioneers there never could nor would have been progress either in this or in any other walk of life, and that I cannot imagine a cause more worthy than this to which any Public Health Authority could direct itself. To some extent, self interest, and not altogether the spirit of altruism, is the guiding influence in this matter, as the sole intention of a Health Visitor's work is, by trying to preserve for the district healthy children, really to increase manifold the value of that district's assets of which child life, as I have before mentioned, is by no means the least. No architect would attempt to build a house upon defective or insecure foundations, and in the same way it is hopeless to expect a healthy and virile adult community to arise from unhealthy and ill-conditioned children. That, in a word, forms the basis on which the idea of a Health Visitor's work is founded.

Your Health Visitor has been at work for such a short period that no estimate is at present possible of the benefit likely to result from her presence, and those who expect, as a result of her appointment, to see our infant mortality rate drop perceptibly straight away will be disappointed. Her work is of such a kind that the future, and not the present, will show the benefit of it, and it will be quite soon enough in a few years' time to look for evidences of the value of her work. Although the primary and the most important object of her work is in connection with infants up to a year old, there are yet many other opportunities open to her of doing most beneficial work. She has the opportunity at her visits to houses of teaching in a practical manner the elementary rules of domestic hygiene, of pointing out the advantages not only of scrupulous

cleanliness, but also of the inestimable benefits of fresh air and good ventilation to bedrooms and living rooms, of preaching the doctrine of the "open window" with the attendant horrors of ill-ventilation, of the dangers of over-crowding, and of many other most important matters. She can advise on many matters appertaining to the healthy upbringing of children, and can advise on many faults both of omission and commission in connection with the children's welfare, due to what might be termed "innocent ignorance." She has the opportunity, in a word, of doing an enormous amount of missionary work of this kind which, in the course of time, ought to be reflected in the form of improved health statistics. There are diseases such as whooping cough, measles and diarrhœa, which, though forming a serious menace to child life, are yet, by virtue of their being non-notifiable, difficult to deal with from the ordinary public health standpoint, and here I think would be an excellent opportunity for utilising in a most beneficial manner the services of a Health Visitor. Consider the amount of good she could do in an outbreak of epidemic summer diarrhœa by visiting homes where cases existed, and advising personally on the many precautionary and preventive measures which ought to be taken. She could preach many an eloquent sermon on the text provided by the hand-bills we issue every summer advising as to the steps to be taken under such conditions, especially with regard to the disposal of food refuse and the protection of food, particularly the milk with which the children are fed.

In order that the services of a Health Visitor might be utilised in such cases a system of voluntary notification of the occurrence in a house of any of these diseases would require to be adopted, and I think if parents realised the many advantages likely to accrue from the visit and advice of a skilled person who would not only advise but would when necessary show how a thing should be done, they would not grudge the trouble entailed in voluntarily notifying the occurrence of such cases in their house. It is perfectly obvious that without such notification these cases must remain hidden from the knowledge of the sanitary officials, who consequently can do little to help them, and to revert to what I said at the beginning of these remarks on infant mortality there seems to me to be much valuable child life lost annually, some of which at any rate might have been saved by assistance of the kind I have just discussed. In outbreaks also of diseases like measles and whooping cough a Health Visitor might do much useful work in advising people as to the danger of allowing children in an infective state to freely intermingle with others. This is one of the reasons why these two diseases often become so wide-spread, as the idea seems to be pretty general that the case being simply one of whooping cough or measles is perfect justification for abandoning all ideas of isolation and in many cases of ordinary care, the folly of which belief is seen in the high mortality rate which these diseases leave in their train. If in whooping cough and measles she did no more than this it would be a great deal.

This matter of child life is one on which I feel strongly, and I rejoice exceedingly that the Council has taken this first most important step towards grappling in a practical manner with this evil of child mortality, and I look forward confidently to much good arising from it, although there are other points relating to healthy housing and home surroundings which I shall deal with when discussing tuberculosis, which nevertheless have a strong bearing upon this question of infant and child mortality, and without amelioration of which the work of all the Health Visitors in the world will be fruitless.

NOTIFICATION OF INFECTIOUS DISEASE.

During the year 1913 the number of notifications of infectious disease in the entire urban district was 220, as compared with 114 in 1912 and 209 in 1911. They were as follows:—Scarlet Fever, 145; Diphtheria, 40; Phthisis, 14; Typhoid, 7; Erysipelas, 14; and were allocated to the different wards as follows:—North Ward, 57; South Ward, 66; Stourton Ward, 12; Lofthouse-with-Thorpe, 25; and Carlton, 60.

The following table gives particulars as to the number of cases of infectious disease belonging to each ward.

TABLE 1.

	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Erysipelas.	Phthisis.	Puerperal Fever.	Typhus Fever.	Total 1913.	Total 1912.	Total 1911.	Total 1910.	Total 1909.
North Ward ..	37	0	14	5	1	0	0	57	27	21	13	14
South Ward ..	49	0	12	3	2	0	0	66	24	17	22	18
Stourton Ward ..	7	0	1	0	4	0	0	12	23	38	52	23
Lofthouse Ward	9	6	3	1	6	0	0	25	15	71	26	22
Carlton Ward ..	43	1	10	5	1	0	0	60	11	42	16	8
Workhouse ..	0	0	0	0	3	0	0	3	14	19	14	21
Isolation Hospital	0	0	0	0	0	0	0	0	0	1	0	0
Total 1913 ..	145	7	40	14	17	0	0	223	114	209	143	106
„ 1912 ..	40	4	25	10	35	0	0					
„ 1911 ..	96	42	37	14	19	0	1					
„ 1910 ..	57	15	40	9	21	1	0					
„ 1909 ..	32	11	11	20	32	0	0					

ISOLATION HOSPITAL.

During the year 1913 the number of cases admitted to the Isolation Hospital was 157, as compared with 68 in 1912 and with 145 in 1911, and comprised 118 cases of Scarlet Fever, 36 cases of Diphtheria, and 3 cases of Typhoid Fever, of which 8 cases proved fatal; 4 deaths being due to Scarlet Fever and 4 to Diphtheria.

The following table shows the numbers admitted to Hospital during the year along with the corresponding figures for the preceding three years.

TABLE 2.

	1913			1912			1911			1910		
	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.
North Ward ..	30	0	13	8	0	9	9	3	2	5	0	1
South Ward ..	46	0	12	7	2	11	4	3	7	2	4	6
Stourton Ward ..	4	0	1	12	1	1	12	9	5	26	1	2
Lofthouse Ward	6	3	2	8	0	0	37	13	8	6	3	1
Carlton Ward ..	32	0	8	1	0	2	22	9	1	6	3	1
Workhouse ..	0	0	0	0	0	0	0	1	0	0	0	0
	118	3	36	36	3	23	84	38	23	45	11	11

DIARRHŒA.

During the year as I have already mentioned we had 19 deaths from enteritis and diarrhœa, and of those, 16 occurred in infants under one year and two of the remaining three deaths occurred in children between one and two years of age, so that we actually had 18 out of 19 deaths from diarrhœa during 1913 occurring in children under two years of age, leaving but one death over that age. The deaths occurred in the various wards in the following proportion :—North Ward, 2 ; South Ward, 10 ; Stourton Ward, 1 ; Lofthouse-with-Thorpe Ward, 3 ; Carlton Ward, 3.

As the diarrhœa deaths were almost all infantile I have commented on them when discussing the question of infantile mortality earlier on in this report.

WHOOPING COUGH AND MEASLES.

These diseases which in many former years have proved most troublesome factors and have contributed very largely to the mortality returns in children have been almost negligible quantities during 1913 with the exception of a period in spring, when on account of the prevalence of measles, the Wood Lane Infants' School was closed.—Only one death, namely, from measles, is debited to these two diseases during 1913.

MUMPS.

There have been two or three sporadic outbursts of this disease during 1913, and so widespread did it become in the month of May in the Thorpe district that the Thorpe School was closed for a period of two weeks immediately subsequent to the Whitsuntide holidays.

Mumps is a disease which exercises its powers for evil mainly in the direction of seriously interfering with school attendance, rather than in being a menace to health and life.

DIPHTHERIA.

During 1913, 40 cases of Diphtheria and Membranous Croup were notified in the district, as compared with 25 in 1912, with 37 in 1911 and with 40 in 1910. The cases notified were allocated to the various Wards as follows :—North Ward, 13 ; South Ward, 13 ; Stourton Ward, 1 ; Lofthouse-with-Thorpe Ward, 3 ; Carlton Ward, 10.

I find on reference, although we had Diphtheria with us practically throughout the year—the only two months during which no notification of this disease was received being June and December—that there was no period during which Diphtheria was particularly prevalent, though the three months March, April and May with a total of 20 cases provided exactly half of our gross year's total. During this period March to May, it was found that the bulk of the cases occurred amongst children attending the Rothwell National School, and it was thought advisable to close this school, which was done on May 17th, after which the outbreak ceased, as shown by the fact that during the two succeeding months we had only two cases of Diphtheria notified in the entire district. Although I say that there was nothing of an epidemic character attached to the Diphtheria record for the year, yet as one of your responsible public health officials I would be pleased to see a diminution in the number of notifications of this disease.

There are certain circumstances which seem to me to have an obvious bearing on this question, and a consideration of them shows the difficulties in the way of eradicating a disease like Diphtheria. In the first place it is no unusual thing to find a child with quite an appreciable amount of membrane on the throat whose condition (to the casual observer) may not appear to be at all serious with the consequence, in some cases, that either no doctor is called in at all, or is not called in until a later period with the result that an infective child is allowed to have free communion with other people and is allowed to use feeding utensils common to the household. The point I wish to raise is that in a not inconsiderable number of cases the child's appearance of illness bears but a faint relationship to its powers for evil so far as the propagation of Diphtheria is concerned.

A second point bearing on the difficulty from a public health official's point of view of dealing with diphtheria outbreaks is the fact that a child with no "throat" evidence whatever may have—and often has—the diphtheritic bacilli present in discharging ear or nose, and that such discharge may persist for infinitely long periods during which the child retains the power of infecting other children, especially when it is remembered that such children may, by contamination of its own fingers by the discharge, increase the facilities

for passing on the infection, and the same remark of course applies to cases in which children, with a possibly infectious discharge from nose or ear, use handkerchiefs which may thus become a very obvious source of danger to others.

A third point of difficulty arises from the fact that the specific germs of diphtheria are most persistent, and are most difficult to destroy, even when a case is under treatment under the most favourable circumstances ; I mean that in some cases of diphtheria the germs may be found in an active state in throats from which all clinical evidences have long since disappeared. It is no very unusual thing in isolation hospitals for diphtheria patients who have recovered and who are to all appearances perfectly well, to have to remain in Hospital for a further period, sometimes of weeks, until bacteriological examination shows the throat and nose to be free from infection. If this be so in Hospital, how much more must it be so in cases nursed in their own homes ?

A little consideration of the points I have raised may enable one to understand to some extent the difficulties confronting those concerned with such outbreaks.

I might here take the opportunity of putting forward publicly one or two points, observance of which would be of some value and assistance. In the first place, no complaint on the part of a child of "sore throat" should be ignored or should be considered too trivial for attention. Such a child should, as a mere matter of precaution, be for the moment isolated, and should certainly not be allowed to put any feeding utensils into his mouth which are being used by others, and no such child should be allowed to return to school until a medical man has declared it safe to do so.

In the second place, a child with discharging ear or nose should always be subjected to medical examination, and should be rigidly excluded from school until, as in the former case, a medical man has declared it safe to return.

What I have said previously in this report will show the danger of allowing children with discharging noses or ears, in which there may be the slightest question of infection, to use pocket handkerchiefs, and it is obvious that the use of pieces of rag which could be immediately destroyed by burning would be an infinitely safer course to adopt, and at the same time care should be taken to prohibit the use, by the child, of towels common to the household. Were these points attended to, I feel sure that many children who are infectious, would have the fact discovered at a much earlier period and would not have been allowed to go about as "infection carriers," though at the same time themselves appearing to be in perfect health, thus unwittingly adding to the worries and troubles—sufficiently great at any time—of those concerned with the public health.

Of the total cases of diphtheria notified during the year, 5 proved fatal, namely, in the following Wards :—South Ward, 1 ; Stourton Ward, 1 ; Lofthouse-with-Thorpe, 1 ; and Carlton Ward, 2.

SCARLET FEVER.

I had the pleasant duty in my report for 1912 of pointing out that our scarlet fever figures for that year were not only much more satisfactory than those of its immediate predecessors, but were among the most satisfactory which the district had shown during the past decade. By way of contrast I have on this occasion the somewhat unenviable task of recording the fact that 1913 has turned out from a scarlet fever standpoint eminently disappointing, the scarlet fever figures for that year showing the high water mark for the past ten years, and certainly forming a somewhat lurid contrast to those of the preceding year.

The cases notified occurred in the various Wards as follows :—North Ward, 37 ; South Ward, 49 ; Carlton Ward, 43 ; Lofthouse-with-Thorpe Ward, 9 ; Stourton Ward, 7 ; and of the cases notified four, namely in the following Wards proved fatal :—North Ward, 1 ; South Ward, 2 ; and Carlton Ward, 1.

I find that though 1913 has such an unsatisfactory scarlet fever rate, it promised in its earlier months to more than keep up the good record of the previous year. Up till the end of May we had only 13 cases of scarlet fever notified in the entire district, the remaining seven months providing the balance ; the highest monthly rate being in December, July and September.

As may be seen from the figures quoted above, the disease prevailed almost entirely in the South, North and Carlton Wards, these providing all but 21 of the total cases, and it may be noted that the same three Wards also curiously had the highest diphtheria figures for the year.

The outbreak assumed such proportions that it was thought desirable to close both the Rothwell National and the Rothwell Council Schools on September 12th for a period of three weeks, and the Carlton School on December 2nd for a similar period, and in both instances the school closures were followed by a marked diminution in the number of cases occurring.

Our experience in having such a heavy scarlet fever rate towards the latter part of the year coincided with that of the West Riding generally, the disease being overwhelmingly more prevalent in the West Riding during the latter months of the year than in the earlier months.

It might be remarked here that, regrettable though an outbreak of any zymotic disease be, an outbreak of scarlet fever has not the same significance, nor casts the same reflection upon a district as an outbreak of, say, typhoid or diphtheria would. In the case of an outbreak of either of the two latter diseases there may possibly be grave reflection cast upon the sanitary conditions of a district, but a disease like scarlet fever bears no relationship whatever in its incidence to the sanitary, or otherwise, condition of a locality. That is the one ray of comfort to be extracted from an infliction of scarlet fever such as we were subjected to in 1913.

In endeavouring to find some explanation of the exceptional Scarlet Fever rate during 1913 one is faced with several difficulties. To begin with, Scarlet Fever stands almost alone among the more common epidemic diseases so far as tracing a connection between one case and another, or in tracing the original case or cases in any given outbreak, is concerned. We cannot, in Scarlet Fever, as we can for example in Diphtheria and Typhoid summon bacteriology to our aid, and until the specific germ of Scarlet Fever has been discovered (as has been done in the two above-mentioned diseases), thus enabling its presence to be proved or otherwise in suspected cases, so long will Scarlet Fever remain a disease difficult to eradicate. Again, in Scarlet Fever, after the first acute signs have passed off as in mild cases they do in a few days, it is impossible to say whether or no a given case in Scarlet Fever unless by waiting for peeling which, in mild cases may not show itself for three weeks or longer, during which suspected period it is impossible to ensure absolute isolation in the majority of cases.

Another point is that the infective power of the Scarlet Fever germ is very persistent, and may lie dormant for months in clothing which has been in contact with a Scarlet Fever patient, only to light up into activity when the article of clothing is again brought out and used. It would be easy to quote specific instances of this from the records of isolation hospitals, and also to quote instances in which a toy played with by a Scarlet Fever patient and then put away has been the means of infecting another child, who, on a future date, was allowed to play with it.

This raises the question as to whether the public are always as careful as they might be in infectious cases. There appears to be some irresistible attraction to some people in the knowledge that there is a case of infectious disease in the house of a neighbour. The motive which induces them to visit the infected house may be a most commendable one, but I sometimes think, when I come across instances where people have deliberately gone into houses in which it was known there was a case, say of Scarlet Fever, and even into the room which the patient was occupying, that it would not be a bad thing to make such behaviour a penal offence. I think if the public only realised the great difficulties confronting those whose duty it is to endeavour to check outbreaks of Scarlet Fever, and could realise how some act of perhaps unintentional carelessness may provide a fresh channel of infection, they would refrain from doing anything calculated to increase such difficulties.

We must again recollect that our district is an industrial, and not a residential, one, which implies that the houses are not large, and that in few working men's homes is there opportunity for having spare rooms. It is obvious that in a working home with a number of children, it is necessary for several children perhaps to sleep in one bedroom, and in few cases indeed has a bed only one occupant. It is obviously impossible in such circumstances for a

child who starts to be ill, to be properly isolated, and it is an every day occurrence to find that a child who is notified as suffering from Scarlet Fever or Diphtheria has spent at least one night in bed with other children, and has been in intimate contact with the rest of the family for a shorter or longer period after the commencement of the illness. The opportunities here for spreading infection are infinitely greater than would have been the case in a house where a child could have been efficiently isolated from the moment it began to show signs of illness.

Discussion of this question of limited accommodation in working men's houses recalls to one's mind the fact that in many instances in which a case of Scarlet Fever or Diphtheria occurs in a house, especially during the winter months, a child spends the period prior to its removal to hospital in the kitchen which in many cases abuts upon a public highway, thus again enormously increasing the risks of the infection being passed on to others, as the presence of the infectious child really renders the kitchen for the time being into a fever ward opening on to the highway. This state of affairs necessarily implies that other members of the household are for the time being in intimate contact with the infected child ; some children from this house may be attending School and the adults going to work, while the danger here from "neighbouring" cannot possibly be exaggerated. Such instances may to a considerable extent be unavoidable in working class homes, but at the same time they throw some light on the persistency of Scarlet Fever in our midst.

In this connection it might be mentioned that one of the most important features in checking the spread of a disease like Scarlet Fever occurring in houses where there are no facilities for proper isolation, is the removal of such cases to hospital at the earliest possible moment, followed by prompt disinfection of all clothing and also of the house. When a medical man notifies a case by post it often means that 24 hours at least have passed subsequent to the commencement of the case before the sanitary authorities are aware of it, and during this interval the dangers of the original case infecting others before being removed to hospital are very obvious. If the various medical men who are in the habit of notifying cases to this Authority would kindly inform either the Sanitary Inspector or the Medical Officer of Health by telephone of the occurrence of a case, it would greatly facilitate early removal and disinfection, and would consequently considerably assist us in our efforts to make diseases like Scarlet Fever and Diphtheria loom rather less prominently in the statistical tables of the Annual Report.

Our experience during 1913 shows conclusively the value of school closure in such outbreaks, the gradual diminution in the number of notifications being most marked after such closures, and the natural inference is that certain children are attending

school in an infective state. This raises the question as to whether sufficient discretionary power is left to the parent in deciding whether or no a child is well enough to attend school. I perfectly appreciate the difficulties, and I know the school authorities will retort that, unless rigid attendance is insisted upon, many children would be kept at home from perfectly insufficient cause. This may be so, and very likely is so, but it does not alter my contention that children may be sent to school, under fear of possible consequences, who would be much better at home. What I say now applies not only to Scarlet Fever but to many other conditions of a more or less infectious character. The rule seems to be that unless a medical certificate is supplied as a reason for absence, children almost without exception and under almost all circumstances must attend school. It is obvious that in many cases of slight illness, as for example a "feverish cold," parents may not care to incur the expense of medical attendance with the result that this child is sent to school, under fear of possible consequences, when, for his own sake, no less than for the sake of others, he would be infinitely better at home. I do not for a moment wish to appear to indulge in carping criticism of the Education Authorities—I know their difficulties in this matter only too well—but I cannot but feel that our record of school infection might not be quite so emphatic were the rule, insisting under all circumstances on children attending school or otherwise providing a medical certificate, thus compelling in all cases medical attendance and consequently expense to the parents, made not quite so rigid in its application, or if perhaps rather greater discretionary powers were vested in the School Attendance Officer, thus enabling him to insist on a medical certificate of absence from school only in those cases in which he considered there was reasonable doubt as to the genuineness of the child's reputed inability to attend school, and in this way granting parents rather greater power in exercising their right (in slight cases of illness in which medical attendance may be thought unnecessary), to keep their child at home.

In justification of this I might draw attention to the fact that a child who is sent to school unfit, suffering say from a slight feverish cold, and whose powers of resistance are consequently lowered, is much more susceptible to infection than the same child would be if perfectly well. This surely is a point of some importance, and may quite possibly have a bearing upon the incidence of diseases like Scarlet Fever and Diphtheria among our school children.

As an antidote to this slight criticism I have pleasure in acknowledging the readiness of the school authorities on all occasions to help in any way possible in the investigation of an infectious outbreak, and I should like particularly to acknowledge the assistance we have received from the School Attendance Officer, who has shown much commendable zeal as well as discretion in bringing to

our notice suspected cases attending school, and also—what is quite as important—suspected absentees. On several occasions information thus imparted has led to the discovery of an infective child who might otherwise have remained undetected.

As I mentioned above, our district is entirely industrial, and it is generally found that in such districts children go to school at an earlier age than is the case in residential areas. It may be taken as a general rule that a child's susceptibility to infection lessens as it grows older, so that where you have, as we have in our district, many children, little more than babies in age, attending school daily, the opportunities for the occurrence and spreading of infectious disease is considerably augmented.

A perusal of the list of notifications for 1913 is most suggestive in showing the astonishingly large number of children between two and five years of age, who figure in the list, many of whom are school attenders. I know quite well in working class homes with large families there are many advantages in having even the youngest children at school (I should say what is wanted in this connection obviously is a crèche rather than a school), but as to whether the sending of such children to school is a wise course is certainly a matter for discussion. My own view is that children under the legal school age are better at home, and in fact I much regret that the legal age for commencing school is not six rather than five years. I am strongly of opinion that children of such tender years, little more than babies, would be far better and far healthier running wild at home. The brain of a child of such tender age is immature and is not meant to be taxed by problems of any kind, and further, I am not quite sure that some of the cases of eye defect which are found by school medical officers to be so common among children do not date their inception back to strain incurred by a too early attendance at school.

If the cardinal points to be observed in an outbreak of Scarlet Fever be, as I think they will be admitted to be :—

1. Prompt removal to hospital of infected child.
2. Prompt removal to hospital of infected clothing.

(The value of these two factors to a great extent depends upon the promptitude with which they are carried out).

3. Immediate disinfection of house.
4. Attempt to trace back a case to its probable origin, so as if possible to discover the source of the outbreak.

This has on several occasions been carried to the extent of a visit to the school by the Medical Officer of Health and Sanitary Inspector who have there made a thorough investigation, have personally examined scholars and have followed up suspects and contacts in the endeavour to discover the probable source of the outbreak. On several occasions also the school under suspicion has been stoved and thoroughly disinfected by the Council's workmen.

If these be, I again say, the cardinal points to be observed, then I think I may claim that every effort has been made, that was practicable, by your responsible officials to grapple during the past year in the most thorough manner possible with this most undesirable visitant.

TUBERCULOSIS.

During the year 1913, 14 cases of pulmonary tuberculosis were notified in the district, of which the various Wards gave the following proportions :—North Ward, 1 ; South Ward, 2 ; Carlton Ward, 1 ; Stourton Ward, 4 ; Lofthouse-with-Thorpe Ward, 6. Of the cases notified 9 were males and 5 were females.

The deaths registered as due to pulmonary tuberculosis during 1913 were 14 in number, exactly the same number as the notifications, whilst there were in addition 9 deaths from other tuberculous diseases, giving a total of 23 deaths during the year due to tuberculosis in one form or another, as compared in 1912 with 14 deaths, namely, 10 from pulmonary tuberculosis, and 4 from other tuberculosis diseases.

The 14 deaths from pulmonary tuberculosis in 1913 comprising 6 males and 8 females were allocated to the various Wards as follows :—North Ward, 2 ; South Ward, 2 ; Stourton Ward, 6 ; Carlton Ward, 2 ; Lofthouse-with-Thorpe Ward, 2. It is instructive to note that 6 of the 14 deaths occurring during 1913 were those of cases notified during that year. I might mention here that where a death occurs from phthisis the bedding, etc., is removed to the Hospital for disinfection, and that the house is thoroughly stoved and disinfected by the Council exactly as would be done, were the case one of Scarlet Fever or Diphtheria.

The pulmonary tuberculosis or phthisis death rate in 1913 was 0.93 per 1,000 inhabitants, and the Phthisis deaths are in the proportion of 1 in 16, or 6.5 per cent. of the total deaths registered during the year, and by adding on all deaths from other tubercular causes to the Phthisis figures we get the proportion of approximately 1 in 10, or 10.7 per cent. of the total deaths registered during the year as due to tuberculosis diseases of one form or another. Of the 14 cases of Phthisis notified during the year, 7 received Sanatorium treatment, 2 declined to have such treatment, while the remaining 5 cases were too advanced for treatment of this kind, and in their case Domiciliary treatment and supervision were substituted.

There is nothing, I think, so remarkable during the past few years as the enormous strides taken in the direction of dealing with this question of tuberculosis. Until comparatively recent years the occurrence of a case of tuberculosis was regarded merely as an exceedingly great misfortune for the individual concerned, for whom it was supposed little could be done, and this supposition was in a majority of cases acted upon and nothing was done.

The idea that much could be done from a curative and certainly from an ameliorative standpoint was not seriously entertained and the fact that such a person was suffering from an infectious disease and consequently had the faculty of passing on his infection to others, if believed in, was certainly seldom acted upon, but all that is now changed and there is no infectious disease in the consideration of which so much time and effort and research are now devoted as is the case in tuberculosis.

Efforts are directed on the one hand to the question of trying to effect either a cure in the individual case or of so greatly improving his condition as to considerably prolong not only his life but his period of usefulness as a member of society, and on the other hand—and this is very important—to the question of preventing as far as possible the afflicted person from being a standing menace to those around him.

Means of dealing with the ordinary mild, or at least non-advanced case is provided by Sanatoria followed by Domiciliary and Dispensary treatment and supervision, but the question of dealing effectively with the advanced case, which is the type of case with by far the greatest potentiality for evil so far as spreading infection is concerned, is a very difficult one, and is one which is giving a good deal of concern to those responsible for the control of tuberculosis. For such cases Sanatorium and even Dispensary treatment is out of the question, and Domiciliary treatment and supervision are unable to touch many of the difficulties in the way of rendering such cases harmless to those living in the same house. It is self-evident that by the time a man reaches this advanced stage of Phthisis and even for some time prior to this he has ceased to be a wage earner and may, as a result, have from stress of circumstances to live in a house of the lowest possible rent and one which consequently has little room in it, or possesses few, if any, opportunities for isolating such a case from the rest of the household. There can be little wonder then in such circumstances that the germs of tuberculosis find much fruitful soil for their development and propagation, and the day is far distant indeed when tuberculosis will be eradicated unless some effective means are found for dealing with these advanced cases.

The obvious remedy is the segregation of such cases as are beyond the stage of possible benefit by ordinary treatment, and which constitute such danger zones of infection. It is obvious that the removal, to some Institution provided for the purpose, of this class of case would remove from the house in which he or she lived a great source of danger to others, but it is just as obvious that the compulsory removal from home of an advanced consumptive and compelling him to spend his remaining days in some Public Institution has just a sufficient tinge of inhumanity about it to make the problem one bristling with difficulties.

It will have been noticed that those engaged in this work of tuberculosis investigation have not limited their efforts to the question of treatment or even to the question of infection but have directed their attention to the question of causation of the disease and in this connection have decided that it is hopeless to attack consumption unless at the same time you attack and remove those conditions which most favour its propagation.

Not only is it necessary to give treatment to the individual suffering from tuberculosis, and not only is it necessary to take every precautionary measure to prevent spreading of infection but the attempt must at the same time be made to ensure that people shall not live in insanitary houses and amid non-hygienic and unhealthy surroundings, that is to say, under conditions which are simply ideal for the propagation of tuberculosis.

In our own district I think something has been done to remove the stigma that you were indifferent to this question of housing reform. During the year the Sanitary Committee, as the responsible Housing Authority for the district, appointed a Housing Inspector who, between the date of his appointment and the end of the year covered a considerable amount of ground, as may be seen in his Housing Report which is incorporated in this one.

In our district, while the newer property is good—some of it very good—the older houses are—as one would naturally expect—in many instances far from the ideal, and in many cases require drastic treatment to bring them up to a passable standard for habitation.

This housing question is one full of difficulties and these difficulties are only too well appreciated by the officials concerned in the work, and no less by the Sanitary Committee as the responsible Housing Authority, but in common fairness it ought to be remembered, though their determination to improve the housing conditions under which the people, for whose welfare as a Public Health Authority they are responsible, live, may possibly seem to inflict hardship on those who are as a result called upon to put considerable outlay on their property, it ought to be remembered, I say, that they are merely carrying out the law of the land, and that moreover if they did not deal with this matter themselves a still higher Authority would intervene and take the work out of their hands. Apart from any question of this kind however, it is obviously the bounden duty of those put in authority to act as they consider the interests and welfare of the community demand, and if they fail to do so they would be unworthy of the posts they hold.

It is little good prating about ventilation and fresh air when windows wont open, or of talking about the danger of fly infected food and milk, when the house is absolutely devoid of even any pretence at pantry accommodation, and it is futile indeed for a Health Visitor to attempt to teach mothers how to rear healthy

children, when walls are damp, or to eloquently discourse on the manifold blessings of the presence of sunlight in a home when the windows are so small that unless carefully looked for, their very presence may easily remain undetected.

It ought to be remembered that germs, like most other evil things, love to lurk in darkness and the fact also ought to be borne in mind that sunlight is one of the very finest germ destroying agencies we possess and if we wish to have sunlight in our houses we must obviously provide a sufficiency of window space.

If we wish on the one hand to have a population of healthy children and on the other hand wish to stamp out such devastating diseases as consumption, then we must have people living under conditions which are conducive to health and not under those which by their very existence invite disease, and this, in short, is the motive underlying this question of housing reform.

It is evident that this question is not limited to one merely of housing, but that the outside surroundings of the house are of almost equal importance. It is little use having a house brought up to a habitable standard unless the outside surroundings are at the same time brought up to a similar standard. In these days when the only playgrounds left to the children are the side streets and yards, it becomes increasingly necessary that such places should be made sanitary and not be left as quagmires as many of them undoubtedly are in wet weather.

If 1913 has been a year in some respects unsatisfactory from a zymotic point of view it must nevertheless remain a red letter year in the annals of this district, as having witnessed, by the establishment of a Health Visitor and a Housing Inspector, the inauguration of a system destined to play a not unimportant part in the endeavour, in the first place to preserve child life, and in the second place to ensure, so far as is practicable, that the inhabitants of your district shall live under housing conditions which are healthy and sanitary.

TYPHOID FEVER.

It is a relief to turn from the most unsatisfactory figures I have just been discussing in relationship to scarlet fever, to a consideration of our typhoid record for the year. Last year it was my pleasure to record the lowest typhoid rate of any year during the past decade, and if the number of cases occurring in 1913 is a little higher than those occurring in 1912, they still constitute a fairly satisfactory year's record, in fact, we may say a very satisfactory year's record in view of our typhoid experience of former years.

I find that our typhoid record for 1913 is, with the exception of that for 1912, the best during the past decade, and in this connection we must not overlook the fact that the population in 1913 is considerably higher than was the case a few years ago, which makes our present figures appear in an even more favourable light.

The cases were mostly of a sporadic variety, the only exception to that rule being the fact that in April we got 2 cases in one house following a case in the same house in March.

The cases were allocated to the various Wards as follows :—Carlton Ward, 1 ; Lofthouse-with-Thorpe Ward, 6 ; and 1 case, namely, in the Lofthouse-with-Thorpe Ward, proved fatal.

The fact that 6 of the 7 cases occurred in one Ward might at first sight appear suggestive, but it must be remembered that the Lofthouse Ward is a very straggling one, and that some of the cases occurred at a remote distance from the others, and also that 3 of the 6 cases in the Lofthouse Ward occurred in one house, the last 2 obviously receiving the infection from the first one.

In view of such low typhoid rates as the last two years shew, it may be urged that my dismal forebodings set forth in each of the Annual Reports for these two years are unjustified, and that after all there is “ nothing rotten in the state of Denmark.”

Those who chose may think the case was painted in more sombre hue than the circumstances demanded, but I can only say in reply that there is no word in either of the two reports in question that in view of our figures for the past two years I care to withdraw or even modify.

On the contrary, I take this opportunity of again impressing upon you the fact that in past years typhoid has occupied too prominent a place in our annual statistics, and to beg you to remember that the very circumstances which have given rise to the outbreaks in the past may—nay will—if not removed or remedied, contribute to outbreaks in the future. It is a much higher form of wisdom which anticipates the possibility of disaster and takes steps to prevent its occurrence than which merely satisfies itself with complacently waiting and dealing with trouble when it arrives.

I feel almost apologetic in again referring to a subject which I have laboured to such an extent in each of my two previous reports, namely, the danger of privy-middens in our midst.

I think the Sanitary Committee are of the unanimous opinion that the privy-midden system is inherently bad and mean to do their utmost to deal with this question. The decision to allow no more privy-middens to be erected to new houses was a big step in the right direction, and the supply of new privy-middens having thus been cut off, it is left to deal with those at present in existence.

During 1913, 41 privies were converted into water closets, so that we have still some distance to travel before we reach the ideal state of things in which privy middens have no part.

I think no reasonable man can contend that it is a desirable state of affairs, or even a safe one, to have collections of excreta and all sorts of decaying animal and vegetable matter deposited within—in many cases—comparatively few feet of the living rooms of houses. Such places simply form a hot bed for the development and propagation of flies, and if we wish to lessen the opportunities for an outbreak of typhoid fever or summer diarrhoea we must certainly lessen the opportunities for the breeding of flies. While it may be admitted that in this matter a very serious responsibility rests upon the responsible Sanitary Authority, it is only just to point out that the householder also has duties devolving upon him. Every summer the Sanitary Committee issue posters and handbills advising householders as to many points dealing with this matter, particularly advising them to avoid throwing animal or vegetable matter into the ashpit, to be most careful never to leave milk or animal food uncovered during the fly season, and also to be careful never to leave crumbs and particles of food lying about upon the table or floor, as flies will soon leave a house where there is no food to be obtained. I say advice on these matters is issued yearly, but I very much fear that in many cases the handbills are either not read at all, or if read, the advice given is carefully and strenuously avoided, whether from indifference or from a sceptical disbelief in the doctrine so carefully enunciated, I am not in a position to say.

The Council have applied for powers to adopt certain clauses of the 1907 Public Health Act (Amendment Act) which will give them opportunities of dealing with this privy midden trouble in a manner hitherto impossible, and I am certain there is every reason to believe that each year will witness an increasing number of privy conversions, thus bringing us nearer to the ideal state of affairs which those cynically inclined tell us never can be reached. That may be true, but the more the ideal is aimed at the nearer will you come to its attainment.

A decision come to by the Council to abolish the water charge on the water closets throughout the district should also give a fillip to the conversion from privies to water closets, as hitherto what has acted as a strong deterrent is the knowledge that if you felt inclined to follow the sage advice so persistently given by your public health officials, and decided to convert your privies into water closets, you would, as a reward for your endeavour to become more hygienic, be promptly mulcted in a certain sum per annum by way of water charge.

Another point which has helped in keeping down our typhoid figures has been the fact that the privy middens are emptied now at much more frequent intervals than was formerly the case.

I might mention that where Typhoid cases have occurred and have not been removed to hospital, special typhoid pails with disinfectants are supplied which are emptied periodically by the sanitary staff, and in all cases of Typhoid whether removed to hospital or not, the ashpits and privies are immediately emptied and thoroughly disinfected and the ashpit and surrounding ground well powdered with disinfecting powder.

Whatever the cause or causes may be the district is to be congratulated on its comparative immunity from Typhoid Fever during the past two years, and I have endeavoured to the best of my ability in the comments above to point out where danger still lurks but as this is a text from which I have preached several more or less eloquent sermons on former occasions, I can only refer you to my former annual reports.

I think this a suitable place to draw your attention to the following important outstanding matters which merit careful consideration :—

1. Remodelling of Lemonroyd Sewage Works. (A Local Government Board Inquiry was held concerning this matter on April 16th, 1913).
2. Relaying of Main Sewer from Rothwell to Lemonroyd. (This question naturally follows No. 1).
3. Provision of New Cemetery. (A Burial Board to deal with this matter is in process of formation and I would strongly urge that this question be promptly dealt with).
4. Making up under the Private Streets Act of Private Streets.
5. Making up of Yard Surfaces to dwelling houses.

In view of the prevalence of privy middens in this district and the fact that such privy middens have to be emptied by the men on to the unpaved yard or street surface attention to Nos. 4 and 5 is needed so that the worst of them may be promptly dealt with.

I have at the same time much pleasure in stating that the following recommendations advocated by your Sanitary Officials in previous reports have been dealt with :—

1. Adoption of Notification of Births Act.
2. Health Visitor appointed.
3. Housing Inspector appointed.
4. Provision of galvanised iron receptacles to Slaughter Houses for the storage of offal.

The above is the history of zymotic diseases in your district during 1913. Every house from which a case of infectious disease was notified was visited and in every case disinfectants were supplied,

defective drains and gullies repaired or reconstructed, sanitary defects made good and every precaution necessary taken to prevent the spreading of the disease.

I should like here again to express my warmest thanks to Dr. Kaye, County Medical Officer of Health, and to his laboratory staff for the valuable assistance they have so readily and promptly rendered by way of bacteriological examinations ; in this way greatly facilitating early diagnosis of infectious disease.

The following tables and statistics explain themselves, and I may add that the official tables and schedules furnished by the Local Government Board have been duly filled in, and are incorporated in this report, as are also the reports of the Sanitary Inspector and the Veterinary Surgeon.

TABLE 3.
AGE AT DEATH.

Deaths under 1 year of age	..	..	59	Total deaths under
„ over 1 year and under 5 years			23	5 years, 82.
„ „ 5 years	„	15	15	
„ „ 15	„	25	15	
„ „ 25	„	65	59	
„ „ 65	„	..	43	
Total deaths at all ages				.. 214

TABLE 4.
ESTIMATED POPULATION, NUMBER OF DEATHS, &c., WITH RATES.

Year.	Estimated Population.	No. of Deaths.	No. of Births.	Death Rate per 1,000 inhabitants.	Birth Rate per 1,000 inhabitants.	Deaths under 1 year per 1,000 Births.	Zymotic Death Rate.
1913	14,855	214	422	14.40	28.40	139	2.0
1912	14,720	164	393	11.14	26.69	58	0.6
1911	14,465	220	359	15.21	24.89	116	2.4
1910	14,230	188	348	13.21	24.45	133	1.9
1909	14,075	183	400	13.00	28.41	112	0.5
1908	13,925	199	443	14.28	31.81	148	1.4
1907	13,800	182	385	13.10	27.89	140	0.7
1906	13,700	194	421	14.16	30.72	121	1.1
1905	13,430	189	426	14.07	31.72	161	1.7
1904	13,250	191	420	14.41	31.62	145	1.6

TABLE 5.

No. INHABITED HOUSES, POPULATION, &c., AT CENSUS,
1911, &c.

	Census.	Number Inhabited Houses.	Population.	Number Inhabitants per House.
Rothwell Urban District Area	1911	3,090	14,279	4.62
Do. do.	1901	2,487	11,702	4.70
Do. do.	1891	1,296	6,205	4.78
Do. do.	1881	1,077	5,103	4.73

TABLE 6.

BIRTHS AND DEATHS IN VARIOUS WARDS.

	BIRTHS.			DEATHS.			Total excess Births over Deaths.
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.	
Urban District Area ..	209	213	422	114	100	214	208
North Ward ..	37	36	73	20	19	39	34
South Ward ..	50	43	93	30	19	49	44
Stourton Ward ..	43	45	88	15	26	41	47
Lofthouse Ward ..	36	43	79	25	16	41	38
Carlton Ward ..	43	46	89	24	20	44	45

TABLE 7.

ZYMOTIC DEATHS IN VARIOUS WARDS.

	Scarlet Fever.	Measles.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Diarrhoea.	Zymotic Death Rate.
Urban District Area ..	4	1	0	5	1	19	2.01
North Ward ..	1	0	0	0	0	2	0.93
South Ward ..	2	1	0	1	0	10	5.17
Stourton Ward ..	0	0	0	1	0	1	0.64
Lofthouse Ward ..	0	0	0	1	1	3	1.79
Carlton Ward ..	1	0	0	2	0	3	1.97

TABLE 8.
VITAL STATISTICS FOR THE YEAR 1913, FOR ENGLAND
AND WALES.

1913.	England and Wales.	Great Towns (96).	Smaller Towns (145).	England and Wales <i>less</i> the 241 Towns.
Birth Rate	23.9	25.1	23.9	22.3
Death Rate	13.7	14.3	12.8	13.1
Zymotic Death Rate ..	1.20	1.5	1.2	0.8
Infantile Mortality .. (per 1,000 births)	109	117	112	96

STREAM POLLUTION.

Ever since the Oleine Works at Ouzlewell Green were started between five and six years ago you have had as a Sanitary Authority a considerable amount of trouble in connection with the nuisance caused by the contamination of the atmosphere by fumes arising from the distillation processes carried on at these Works and trouble of an even more serious character arising from the discharge into the Lee Moor Common Beck of an evil smelling effluent.

Your Sanitary Committee has been subjected to a good deal of criticism by many people who seem to labour under the delusion that it is as easy to remove or remedy a nuisance of this kind as it is to make a complaint regarding it. On many occasions the Sanitary Committee and officials have paid visits of inspection to the works and on many occasions also the Sanitary Inspector has had an analysis made of the water of the beck into which the effluent is discharged. As a consequence strong pressure has on several occasions been brought to bear upon the Oleine Company resulting in the establishment of plant for the purpose of minimising the nuisance arising from their Works, and I think it may be accepted as a fact that the nuisance from smell and the complaints arising therefrom have been less during the latter half of 1913 than for several years previously, and one might add, so far as atmospheric contamination by fumes in the vicinity of the works is concerned, that this is a matter, in which to a very great extent, the nuisance has been abolished.

No doubt the smell, especially from the beck, which often-times seems to be worse at a considerable distance away from the Oleine Works is most objectionable, but the problem is a difficult one, and I think if those, who simply offer criticism, knew, as presumably they don't know, of the amount of anxious deliberation, not to

mention time and labour, which the Sanitary Committee have given to this subject, and also knew of the efforts and expense which the Oleine Company, at the request of the Sanitary Committee, have made, they would, I think, be a little more generous in their criticism. I know that your Sanitary Committee have this matter closely in mind, and are fully determined to go as far as their powers allow in this matter in the direction of lessening the nuisance arising from these works in their district, but this is, I think, a suitable opportunity for pointing out that much has been done, both by the Public Health Authority and by the Oleine Company, and that the condition of things as a result has certainly shown improvement during the past year.

I might also with advantage here take the opportunity of remarking that the West Riding Rivers' Board have taken recurring samples for analysis from the stream into which the effluent is discharged, and that the Rivers' Board have had this question of the Oleine effluent very closely under consideration for a considerable time.

SANITARY REPORT.

The Sanitary Inspector's report, the Veterinary Inspector's report and Table "C" in this report contain full particulars as to nuisances abated, housing, closet accommodation, refuse removal, food supply, disinfection and general sanitary work during 1913.

WATER SUPPLY.

The following are the extensions and alterations carried out during the year ending 31st December, 1913 :—

Extension of Water Mains	} 180 yards of 3 in., Middleton Avenue, Rothwell Haigh.

The quantity of water supplied to the various portions of your district during the year amounted to 110,878,000 gallons, which is in the proportion of 20 gallons daily per head of the population for all purposes. The quantity supplied for trade purposes amounted to 46,849,000 gallons and the amount for domestic purposes to 63,929,000 gallons, which is equal to 11.79 gallons daily per head of the population. The supplies were derived from the following sources, and in the following quantities, viz. :—

Leeds Corporation	.. ..	80,156,000	gallons.
Morley Corporation	.. ..	29,432,000	"
Stanley Urban District Council	.. ..	40,000	"
Hunslet Rural District Council	.. ..	1,250,000	"
		<hr/>	
		110,878,000	"
		<hr/>	

There are still 19 houses in your district not connected with the mains, but as these are situated in isolated positions they must necessarily continue to derive their supply from wells and rain water cisterns.

The following table shows the number of houses in the different portions of your district connected with the mains, etc. :—

District.	No. of Houses connected with Mains.	No. of Houses not connected with Mains.
North Ward	626	4
South Ward	609	1
Stourton Ward	658	5
Lofthouse Ward	612	4
Carlton Ward	670	5
TOTALS	3,175	19

DRAINAGE.

There has been no extension of sewers during the year. The treatment of the sewage at the Stourton Outfall Works is extremely satisfactory and continues to give entire satisfaction to the West Riding Rivers Board Inspector.

The effluent from the Lemonroyd sewage works is still unsatisfactory, and the Lemonroyd Works are generally in an unsatisfactory condition. An Enquiry was held on the 16th of April, 1912, by the Local Government Board into your application for a loan for the purpose of reconstructing the Lemonroyd Works. This matter is still the subject of correspondence between the Local Government Board and the Council.

The following is a summary of the conveniences erected to new houses :—

Number of closets erected to new houses		..	19
Kinds ..	{ Water Closets .. ..	..	19
	{ Waste Water Closets .. ..	..	0
	{ Privies .. ..	..	0
Total		..	<u>19</u>
Number of ashpits provided to new houses		..	19
Kinds ..	{ Dry Brick Ashpits .. ..	..	4
	{ Privy Ashpits .. ..	..	0
	{ Ashbins .. ..	..	15
Total		..	<u>19</u>

FACTORY AND WORKSHOP ACT.

The various workshops in your district have been visited and the requirements of the Act have been enforced.

The workshops consist of 37 workshops, five domestic workshops, four workplaces, and three bakehouses.

The necessary tables of the Local Government Board, the Home Office, and the County Council, in regard to vital statistics, sanitary, housing and Canal Boats and other matters have been filled in and forwarded to the respective departments.

In conclusion I should like to express my appreciation of the courteous and considerate manner with which the Members of the Council have dealt with me throughout the past year and to extend my thanks especially to the Chairman and Members of the Sanitary Committee for their unfailing and generous support on all matters during the year in question.

I beg to remain, Gentlemen,

Yours faithfully,

HUGH STEVENSON,

Medical Officer of Health.

Rothwell, March, 1914.

L.G.Bd. TABLE I.

Vital Statistics of Whole District during 1913 and previous Years.

Name of District—ROTHWELL URBAN.												
YEAR.	Population estimated to Middle of each Year.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.			TRANSFERABLE DEATHS.†		NET DEATHS BELONGING TO THE DISTRICT.		
		Un-corrected Number.	Net.		Number.	Rate.	8	9	Under 1 Year of Age	Rate per 1,000 Net Births.	Number.	Rate.
			Number.	Rate.								
I	2	3	4	5	6	7			10	11	12	13
1908	13,925	443	..	31.81	199	14.28	..	..	66	148	199	14.28
1909	14,075	400	..	28.41	183	13.00	..	..	45	112	183	13.00
1910	14,250	348	..	24.45	244	17.14	..	..	46	133	188	13.21
1911	14,465	368	359	24.89	276	19.08	68	12	42	116	220	15.21
1912	14,720	399	393	26.69	218	14.80	73	19	23	58	164	11.14
1913	14,855	423	422	28.40	265	17.83	69	18	59	139	214	14.40

† "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

Area of District in Acres (exclusive of area covered with water)—5,742. Total population at all ages at Census of 1911—14,279.

Number of inhabited houses—3,090. Average number of persons per house—4.62.

L.G.Bd. TABLE II.

Cases of Infectious Disease notified during the year 1913.

Name of District—ROTHWELL URBAN.															Total Cases removed to Hospital.
NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.						TOTAL CASES NOTIFIED IN EACH LOCALITY. (e.g., Parish or Ward) of the District.								
	At all Ages.	At Ages—Years.					1	2	3	4	5	6			
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.							45 to 65.	65 and up.	
Small-pox ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cholera ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Plague ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membranous Group) ..	40	..	3	35	2	..	..	12	1	3	10	..	36	..	..
Erysipelas..	14	..	..	..	2	7	1	3	..	1	5	..	118	..	..
Scarlet Fever ..	145	1	39	87	11	7	..	49	7	9	43	..	..	..	..
Typhus Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Enteric Fever ..	7	..	..	1	3	2	..	..	..	6	1	..	3	..	..
Relapsing Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Continued Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Fever ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebro-spinal Meningitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pulmonary Tuberculosis ..	14	..	1	2	5	4	..	2	4	6	1	..	..	..	..
Other forms of Tuberculosis ..	12	..	..	8	1	3	..	3	1	2	4	..	..	..	..
Totals ..	232	1	43	133	24	23	1	69	13	27	64	..	157	..	..

Isolation Hospital (Name and Situation)—Rothwell, Methley and Hunslet Joint.
 Sanatoria (Name and Situation)—Rothwell, Methley and Hunslet Joint Sanatorium, Rothwell.

L.G.Bd. TABLE III.

Causes of, and Ages at Death during the Year 1913.

CAUSES OF DEATH.	Name of District—ROTHWELL URBAN.									Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.
	Nett Deaths at the subjoined ages of " Residents " whether occurring within or without the District.									
	All ages.	Under 1 year.	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and up wards.	
All causes { Certified .. Uncertified ..	214 ..	59 ..	11 ..	12 ..	15 ..	15 ..	27 ..	32 ..	43 ..	82 ..
Enteric Fever ..	1	..	..	..	..	..	1	..	..	..
Small-pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles	1	1	..	..	..	..	..	..	..	..
Scarlet Fever.. ..	4	..	..	2	2	..	..	..	..	5
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup	5	..	..	1	4	..	..	..	..	6
Influenza .. ..	..	..	..	..	..	..	..	..	..	..
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..
Phthisis (Pulmonary Tuberculosis) ..	14	..	..	1	2	6	3	2	..	10
Tuberculous Meningitis	3	..	..	2	..	1	..	..	..	..
Other Tuberculous Diseases	6	1	1	..	3	1	..	..	..	..
Cancer, malignant disease	7	..	..	..	..	..	1	5	1	4
Rheumatic Fever .. ..	..	..	..	..	..	..	..	..	..	..
Meningitis	1	..	..	1	..	..	..	..	..	..
Organic Heart Disease	33	1	..	..	2	2	9	8	11	5
Bronchitis	12	3	2	..	..	..	..	2	5	8
Pneumonia (all forms)	23	8	4	4	..	3	3	..	1	8
Other diseases of respiratory organs ..	1	..	..	..	..	..	..	..	1	1
Diarrhoea and Enteritis	19	16	2	..	..	..	1	..	..	1
Appendicitis and Typhlitis	2	..	..	..	..	1	1	..	..	..
Cirrhosis of Liver .. ..	..	..	..	..	..	..	..	..	..	1
Alcoholism .. ..	..	..	..	..	..	..	..	..	..	..
Nephritis and Bright's Disease	2	..	..	..	1	..	1	..	..	1
Puerperal Fever .. ..	..	..	..	..	..	..	..	..	..	..
Other accidents and diseases of Pregnancy and Parturition..	..	..	..	..	..	..	..	..	..	..
Congenital Debilityand Malformation, including Premature Birth	21	21	..	..	..	..	..	..	..	..
Violent Deaths, excluding Suicide ..	4	..	..	..	..	..	3	..	1	..
Suicide	1	..	..	..	..	..	..	..	1	..
Other Defined Diseases	54	8	2	1	1	1	4	15	22	32
All causes.. ..	214	59	11	12	15	15	27	32	43	82

L.G.Bd. TABLE IV.

Infant Mortality.

ROTHWELL URBAN DISTRICT.

1913. Nett Deaths from stated Causes at various Ages under One Year of Age.

CAUSES OF DEATH.				Under 1 week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year.
All causes	{ Certified ..	..	..	15	1	1	1	18	10	16	8	7	59
	{ Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..
Chicken-pox	..	..	..	..	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..	..	..	1	1
Scarlet Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculous Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis	..	..	..	..	..	..	1	1	..	..	..	..	1
Other Tuberculous Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis (not Tuberculous)	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	..	..	..	1	..	..	..	1	2	..	..	..	3
Laryngitis	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	..	..	..	..	..	..	..	..	..	2	..	1	3
Pneumonia (all forms)	..	..	..	..	..	..	..	..	..	1	4	3	8
Diarrhoea	..	..	..	..	..	..	..	..	1	4	2	..	7
Enteritis	..	..	..	1	..	..	..	1	3	5	..	..	9
Gastritis	..	..	..	..	..	..	..	..	..	1	..	..	1
Syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..
Rickets	..	..	..	..	..	..	..	..	..	..	..	..	..
Suffocation, overlying	..	..	..	..	..	..	..	..	..	..	..	..	..
Injury at birth	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	..	..	..	..	..	..	..	..	..	..	..	..	..
Premature Birth	..	..	..	11	..	..	..	11	3	..	..	..	14
Atrophy, Debility and	..	..	..	..	..	..	..	..	..	..	..	..	..
Marasmus	..	..	..	2	1	1	..	4	..	3	1	2	10
Other Causes	..	..	..	..	..	..	..	..	1	..	1	..	2
				15	1	1	1	18	10	16	8	7	59

Nett Births in { legitimate, 406.
the year { illegitimate, 16.

Nett Deaths in the { legitimate infants, 53.
year of { illegitimate infants, 6.

TABLE C.—1913.

ROTHWELL URBAN SANITARY DISTRICT.

WATER SUPPLY.—Any developments during 1913?—180 yards 3-inch water main in Middleton Avenue, Rothwell Haigh.

Any insufficiency, and where?—High Levels, Lofthouse and Rothwell Haigh.

Any curtailment?—No.

Did any wells fail, and where?—No. Very few in district

Any unsatisfactory quality, and where? Discoloured water at Langley, Lofthouse and Rothwell Haigh.

Any unchecked plumbo-solvent action?—No.

DRAINAGE AND SEWERAGE.—Any developments during 1913?—None.

Developments still needed as to (a) Want of sewers?—None.
(b) Improvement of defective sewers?—Main Sewer, Rothwell to Lemonroyd.

Any inadequacy of Sewage Disposal Works or complaints as to smells?—Lemonroyd Sewage Works Scheme approved by Local Government Board.

Number of sink-wastes disconnected during 1913?—15.

Trapped?—33.

Proportion of sink-wastes still needing disconnection?—Small.

CLOSET ACCOMMODATION.—Number of privies with open middens?—91.

Number of pail or tub closets?—None.

„ privies with covered middens?—1,317.

„ water closets?—1,061.

„ waste-water closets?—117.

„ privies re-constructed during 1913?—(a) W.C.'s, 41.

„ additional closets provided for old property in 1913?—(a) W.C.'s, 1. (b) other, 2 privies.

„ closets constructed in 1913 for new houses?—
(a) W.C.'s, 19. (b) other, none.

SCAVENGING.—How is refuse disposed of ?—(a) Destructor—No.
(b) Tips—No. (c) Farmers—Yes.

Total annual cost, £740 7s. 2d.

Is there any inadequacy, and where ?—No.

Any change during 1913 ?—Removed more frequently.

NUISANCE INSPECTIONS.—Total number of Inspections made in 1913 ?—1,406.

Informal Notices served—471 ; Complied with—211.

Statutory Notices served—201 ; Complied with—150.

Total number of Nuisances in hand at close of 1912—27 ; at close of 1913—70.

Total number of Nuisances reported during 1913—781 ; abated during 1913—711.

Total number of Summonses or other legal proceedings—None.

REGULATED BUILDINGS, TRADES, &c.	No. in District.	No. on Register.	Total No. of Inspec- tions made.	General Condition.	Legal Pro- ceed- ings (if any).
Common Lodging Houses ..	..	..	..	..	..
Canal Boats	98	98	98	Good	..
Knackers Yards .. ..	..	..	..	..	..
Offensive Trades— 1 Tripe Boiler, 16 Fried Fish Shops	17	17	34	Good	..

Have the Council declared any other processes to be offensive trades, *e.g.*, Fish-frying, Maggot-breeding, etc. ?—No.

SCHOOLS.—Number of Elementary Schools in District—11.

Number of Visits to Schools—15.

Action taken.—Recommendations made.

MILK SUPPLY.—Number of samples taken by Officers of S.A. for analysis under F. and D. Acts.—25 ; Number adulterated—8.

Number of samples taken by Officers for Bacteriological examination.—None.

What arrangement for Veterinary Inspection of dairy cows ?—Inspected by Veterinary Surgeon 3 times a year.

Number of animals notified by Police under Tuberculosis Order, 1913.—None.

Any action thereon by S.A., *e.g.*, to ascertain if cowsheds affected were satisfactory?—

Any instance of disease attributed to milk in 1913?—None.

Number of Cowkeepers in District—25 ; number registered—25.

Number of Milk Sellers who are also Cowkeepers—25 ; number who are Purveyors only—21 ; Total number registered—46.

Total number of Cowsheds—43 ; number of Inspections in 1913—138 ; General Condition—Good.

Approx. number of Milch Cows in District—273 ; any insufficiency in Milk Supply?—No.

Legal proceedings under D.C.M. Orders—None.

Any Inspection or other action by Districts to which Milk is sent?—None.

OTHER FOODS.—Number of samples (other than Milk) taken by Officer of S.A. for examination under the Food and Drugs Acts—16 ; number adulterated—2.

Number of seizures of unsound food—None.

Number of Slaughter Houses—6 ; number Registered—6 ; Kind and Condition—Private, good.

Number of Prosecutions (*a*) Food and Drugs—5 ; (*b*) Unsound Food—None ; (*c*) *re* Slaughter Houses—None.

FACTORIES AND WORKSHOPS.—Any Smoke nuisance, and where?—Yes. Several parts of district.

Number of Smoke observations taken—None ; number of Cautions—None ; Legal Notices—None ; Summonses—None.

ADOPTIVE ACTS.—Acts adopted during 1913—None.

BYELAWS AND REGULATIONS.—Any adopted during 1913—No.

Are any other Bye-laws needed?—New Streets and Buildings.

INFECTIOUS AND OTHER DISEASES.—What diseases have been specially prevalent in 1913?—Scarlet and Diphtheria.

What special action to combat same?—Yes. Inspection of children in schools and homes. Closure of schools, etc.

Is Hospital accommodation adequate and sufficient?—Yes.

What arrangement for the supply of antitoxin?—Supplied free by Council.

Any diseases specially added to notifiable List?—No.

Any influences threatening the health of the District?—No.

TUBERCULOSIS.—Inspection of patient's home and workshop—Yes; Examination for contacts—Yes; Disinfection—Yes.

Distribution of advice leaflets—Yes.

Action *re* spitting—Yes.

Shelters provided—Yes.

Is sputum examined?—Yes.

BACTERIOLOGY.—Is County Laboratory utilised?—Yes.

Any suggestions?—No.

INFANT MORTALITY.—What organised effort to control it?—Health Visitor appointed.

Has Notification of Births Act, 1907, been adopted?—Yes, but not yet in force.

Is Health Visitor appointed by S.A.?—Yes; by other Body?—No.

Causes of any excessive Infant Mortality in 1913—Diarrhoea.

VITAL STATISTICS.

BIRTHS during 1913—Males, 209; Females, 213; Total, 422.
Number illegitimate included in above—16; number of Still Births (not included)—No record.

DEATHS during 1913—(1) Gross Deaths, *i.e.*, Total actually registered in the District without any correction—265;
(2) Net Deaths on which the rates are calculated, Males, 114; Females, 100; Total, 214.

Number of uncertified deaths (included above)—None.

MISCELLANEOUS.—Mean Temperature for 1913—No record ;
Rainfall—No record.

What Mortuary accommodation—(a) for accidents—1 at
Stourton ; (b) for infectious cases other than at Hospital—
Workhouse.

Number of Burial Grounds—2 ; Any need for extension ?—
Yes.

Are there any Maggot breeding establishments in District ?—
No.

SUMMARY OF HOUSING WORK DURING 1913.

Table shewing action under Sections 15, 17 and 18 of the Housing,
Town Planning, etc., Act, 1909, and the Housing (Inspection
of District) Regulations, dated September 2nd, 1910, or matters
arising therefrom :—

Houses inspected under the Act and Regulations in 1913	172
--	-----

Houses found satisfactory on inspection	36
---	----

Action under Section 15—

Houses found not reasonably fit for human habitation	28
--	----

Houses for which notices were given to execute works	28
--	----

Houses in respect of which notices were satisfactorily complied with	0
---	---

Houses in respect of which the local Authority executed or were executing works in default of landlord ..	0
--	---

Houses in respect of which landlord elected to close house instead of complying with notices	0
---	---

Action under P.H. Acts in cases of houses with minor defects
not remediable under Section 15, owing to the
tenancy having commenced before December 3rd,
1909—

Houses found with defects	86
-----------------------------------	----

Houses made fit after preliminary notice	27
--	----

Houses in regard to which notices were served to remedy defects	46
--	----

Houses made fit after Statutory notice	12
--	----

Action under Section 17—

Houses found to be totally unfit for habitation ..	22
--	----

Houses represented to Local Authority as being totally unfit for human habitation	22
--	----

Houses made fit for human habitation without the issue of a closing order	0
Houses closed voluntarily	0
Houses in respect of which closing orders were made ..	22
Houses closed as unfit for human habitation after closing orders were made	0
Houses made fit for human habitation after closing order was made, for which the local Authority determined the order	14 in progress
Houses demolished voluntarily	0
Houses for which demolition orders were made ..	0
Houses demolished compulsorily	0

Appeals—

Appeals against notices under Section 15	0
Appeals against closing orders under Section 17 ..	0
Appeals under section 17 (6) refusing to determine closing orders	0
Appeals against demolition orders Section 18 (2) ..	0

Houses with defects not disposed of at end of 1913—

Houses not reasonably fit for human habitation. (Section 15)	28
Houses with minor defects. (Public Health Acts) ..	47
Houses totally unfit for human habitation. (Section 17)	22

Name and address of Officer designated to make inspections under Article II. of Housing (Inspection of District) Regulations, 1910?—Ernest F. Moorhouse, Council Offices, Rothwell, near Leeds.

Any regulations made in respect of underground sleeping rooms under Section 17 (7)?—No. Any action in respect of such rooms?—None in district.

OTHER ACTION IN REGARD TO HOUSING.

Any scarcity of houses, if so, where?—Yes. Rothwell, due to a great extent to overflow from Colliery development outside the Rothwell area.

Any overcrowding of persons in houses, and where?—Yes, occasionally.

Number of cases of overcrowding dealt with during 1913—3

Any special activity in house building, and where?—No.

Number of new houses built during 1913 (*a*) Working class dwellings—14 ; (*b*) Other—6.

Any working class dwellings erected during 1913 by Sanitary Authority.—Please give number and type :—None.

Are Sanitary Authority contemplating erection of working class dwellings ? Please give number and type :—No.

TOWN PLANNING.

Any scheme prepared during 1913 ?—If so give details—No.

Any scheme contemplated ? If so, for what area ?—Yes, Rothwell Township.

March 24th, 1914.



Rothwell Urban District Council.

ANNUAL REPORT

FOR THE

YEAR 1913 BY THE SANITARY INSPECTOR

(E. F. MOORHOUSE, A.R.San.I., M.S.I.A.).

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I beg to submit for your consideration my Report upon the work of the Sanitary Department for the past year.

The year has been a progressive one from a sanitary point of view and good work has been done in improving the condition of the district and further safeguarding the Public Health.

A large portion of the time of your Sanitary Committee and Sanitary officials has been taken up with that most important branch of sanitation known as "Housing Work," with which I deal more fully under that heading later in my report.

Special attention has also been paid to the work of converting the present privy system into the water carriage system, but the results of our efforts in this direction will mature, unfortunately, just a little too late to be included in this report.

Great assistance has been rendered towards helping forward this work of conversion by the action of the Waterworks Committee in abolishing the special water charge for water closets.

Another outstanding feature of the year has been the great improvement effected in minimising the nuisance from the Oleine Works at Ouzlewell Green, which for some considerable time past, has been a source of trouble and no little anxiety to your Sanitary Committee and officials, and it is with great pleasure and no little relief that I am able to report that complaints from this source have been very infrequent during the latter part of the year.

Your independence as a Council has again been threatened by a large and powerful neighbouring Authority, and if that independence and the status quo is to be maintained, it is essential that the district be kept well abreast of the times and in accordance with modern requirements, and it is almost unnecessary to add that your efforts in this direction will be loyally supported by your officials.

The Sanitary staff has been increased by the appointment of a whole time clerk, without whose services it would be impossible to cope with the work of the office.

A Health Visitor has also been appointed and commenced her duties during the month of December.

ABATEMENT OF NUISANCES.

This part of my work, which must necessarily continue to be a most important subject, affecting as it does, the daily health and comfort of householders, and I invariably find householders appreciative of the work and improvements effected in this respect.

Many of the sanitary improvements which previously came under this heading are now transferred to Housing Work, but the improvements enumerated below are in addition to and are not included among the improvements set out under Housing.

Space does not permit of the usual detailed list of Nuisances abated which for the purpose of brevity are classed under various heads in Table No. I.

The number of Nuisances abated includes 489 under the heading of Nuisances and 222 under Housing, a total of 711.

Notices, etc.

During the year 201 Statutory Notices have been served and 871 letters sent from this department.

A good number of the Statutory Notices are still outstanding, and I think that too much latitude is allowed by you in these matters and undue advantage is taken of your reluctance, as a Council, to put your legal powers into force.

TABLE No. 1.

SUMMARY OF NUISANCES ABATED.

(1) Improvements and external repairs to dwelling-houses, including roofs, gutters, walls, and external dilapidations, all to prevent dampness	130
(2) Improvements and internal repairs to living rooms, including repairs to floors, walls, ceilings, windows, improved ventilation and internal dilapidations	50
(3) Defects remedied in respect to drainage, including drains and w.c.'s unstopped, sink and rain water pipes disconnected from drains, drains disconnected, trapped or relaid, improved ventilation, inspection chambers inserted, houses drained, etc.	177
(4) Improvements to Sanitary conveniences, including privies converted into w.c.'s, privy middens abolished, ashpits reconstructed or replaced with ashbins and other miscellaneous improvements	111
(5) Offensive accumulations removed, such as manure, refuse, and including nuisances remedied from keeping of animals and fowls	12
(6) Miscellaneous nuisances abated	9
Total	<hr/> 489 <hr/>

HOUSING WORK.

The past year will be chiefly notable as the commencement of real Housing Work in this district.

In no year of this Council's history has so much progress or so much improvement in the housing conditions been effected as in the one just past, and credit is due to the Chairman and Members of your Sanitary Committee for the manner in which they have tackled this work.

I know of no work, which is so discouraging, so thankless, so depressing and so slow in shewing beneficent results as that of improving housing conditions.

With tenants crying out of the increased cost of living, of their inability to pay more rent to meet the cost of improvements, with property owners complaining no less bitterly of the increased taxation to which they have been subjected and still with the necessity of something being done, staring them in the face, the path of Housing Authorities is truly a thorny one and it is difficult in the extreme to carry out the necessary improvements without laying oneself open to the charge of harsh or unfair treatment.

Your Sanitary Officials, ably supported by the Sanitary Committee, have, however, done their best in dealing with the problems facing them and whatever action has been taken, has only been carried out after due and most careful consideration.

In ancient, historical districts such as Rothwell, there is always a certain amount of old property which quickly falls into a state of disrepair, and it is at all times a most unenviable and difficult task to deal with these legacies of the past in a satisfactory manner.

With all its failings (and there are a few) the Housing Act of 1909 has not failed to give an impetus towards the improving of housing conditions and has directed the sporadic and uncertain efforts of Public Authorities, so prevalent in the past, into a consistent and uniform system.

**Inspection
Work.**

In the early part of the year, the Medical Officer of Health and myself prepared and presented to the Sanitary Committee a list of 111 dwelling-houses, the early inspection of which, was desirable, and during the year 54 of these have been inspected and reported upon.

In addition 118 houses where cases of infectious disease occurred have been inspected under the Housing Regulations and in every case a complete record of the inspection, with particulars of the defects found, record of action taken and complete details of the improvements effected has been kept for each house.

A total of 172 houses have thus been inspected and by the effluxion of time, a complete record of every house in the district will be completed.

**Action under
Housing Act.**

Full details in tabular form of the action taken and work done are shewn in Tables Nos. 2 and 3.

TABLE No. 2.

SUMMARY OF ACTION UNDER HOUSING ACT.

Sub-Table No. 2a.

	No.
Total Houses inspected—	
(a) On account of excessive dilapidations from scheduled list	54
(b) On account of infectious disease in house ..	118
Houses inspected with no defects	36
Houses dealt with under Section 17 (for details see Sub-Table 2b.)	22
Houses dealt with under Section 15 (for details see Sub-Table 2c.)	28
Houses dealt with under Public Health Acts (for details see Sub-Table 2d)	86
Houses with defects completely remedied	39
Houses with defects still outstanding (for details see Sub-Table 2e)	97

Sub-Table No. 2b.

DETAILS OF ACTION UNDER SECTION 17.	No.
(a) Houses represented to Council as being unfit for habitation	22
(b) Houses in respect of which Closing Orders were issued ..	22
(c) Houses made fit for human habitation after Closing Orders	0
(d) Houses at present undergoing repairs to make houses habitable	14
(e) Houses closed as unfit for habitation after Closing Order, either voluntarily by owner or compulsorily by Council	0
(f) Demolition Orders issued or houses demolished voluntarily by owner	0

Sub-Table No. 2c.

DETAILS OF ACTION UNDER SECTION 15.	No.
(a) Houses found not reasonably fit for habitation	28
(b) Houses in respect of which notices were served to execute works	28
(c) Houses in respect of which notices completely complied with	0
(d) Houses in respect of which works are in progress to comply with notices	2
(e) Houses in respect of which Council have executed necessary works to comply with notice	0

Sub-Table No. 2d.

DETAILS OF ACTION UNDER PUBLIC HEALTH ACTS.	No.
(a) Total houses with minor defects dealt with under P.H. Acts	86
(b) Houses in respect of which Preliminary Notices were served	86
(c) Houses in respect of which defects were remedied after Preliminary Notice	27
(d) Houses in respect of which Statutory Notices were served ..	46
(e) Houses where defects were remedied after Statutory Notices served	12

Sub-Table No. 2e.

HOUSES WITH DEFECTS STILL OUTSTANDING AT END OF 1913.	No.
(a) Houses in respect of which action was taken under Section 17	22
(b) Houses in respect of which action was taken under Section 15	28
(c) Houses in respect of which action was taken under P.H.A.	47
Total houses with defects not remedied	97

Of the 22 houses under Closing Orders, 14 are being thoroughly renovated and are almost completed, four have been placed in the builder's hands with instructions to do the necessary works and four have still a few more days before the three months of grace under the Order expires.

Of the 28 houses dealt with under Section 15 of the Act, at two the works are in progress, five are standing in abeyance owing to the illness of the owner. I have met the owners in respect of 13 houses, on the respective premises, and the owners have agreed to carry out the necessary works and in regard to the remaining eight houses, no communication of any sort has been received from the owner respecting them.

**Work accom-
plished under
the Act.**

The following Table No. 3, shews the various improvements completed to houses inspected under the Act.

TABLE No. 3.

SUMMARY OF IMPROVEMENTS TO DWELLING-HOUSES UNDER THE HOUSING ACT.	No.
(a) Improvements for external dilapidations or to prevent dampness, such as repairs or renewing of roofs, gutters, rainwater pipes, walls, provision of open areas, etc.	53
(b) Improvements for internal dilapidations or defects, including repairs and renewals to floors, walls, ceilings, windows, and provision of food pantries	68
(c) Improved means of ventilation to living rooms and food pantries such as the insertion of air grates, etc.	40
(d) Improvements to closets and ashpits including the conversion of privies into water closets, substitution of ashbins for ashpits, additional means of closet accommodation, etc.	7
(e) Improvements to drainage including drains relaid, chambers inserted, ventilation provided, etc.	54
Total	222

The foregoing table shews improvements effected to comply with the Council's requirements and does not include a large number of improvements such as additional cupboard and shelving accommodation, improved fire ranges, handrails to stairs, which while not actually necessary for purposes of health, are greatly appreciated by the housewife and which many owners, to their credit, have voluntarily provided, while they were dealing with other matters to which the Council had drawn their attention.

**New Houses
built.**

Twenty Dwelling-houses have been built located as follows :—9 in the Middleton Lane district ; 4, Wood Lane district ; 4, Stourton ; and 3 at Carlton.

Their respective accommodation is as follows :—5 have 4 living rooms, 9 have 5 rooms, and 6 have 6 or more living rooms above the ground level.

Three of the 20 houses are occupied by the owners, one is let at a rental less than 4s. 6d. per week, and 16 are let at rentals above 6s. per week.

The number of dwelling houses built in this district during the past seven years is as follows :—

TABLE No. 4.

Year No. ..	1913 20	1912 54	1911 40	1910 26	1909 20	1908 20	1907 18	Total. 198
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So far as I have been able to ascertain, there was not a single unoccupied house in the district at the end of the year, and there is undoubtedly a shortage of dwelling-houses in the Rothwell portion of your district, due largely to the development of new collieries in adjoining districts outside your area.

The official figures of the 1911 Census, shewing the numbers of different sized families occupying the various sized houses or tenements, which will no doubt prove of interest, are shewn in detail in Table No. 5.

FOOD SUPPLY.

Under this heading is comprised the following :—

- (a) Work under the Food and Drugs Act.
- (b) Supervision of the milk supply in the Dairies, Cowsheds and Milkshops.
- (c) Inspection of meat and supervision of Slaughter-houses.
- (d) Inspection of premises classed as “ Offensive Trades.” where certain articles of food are prepared for human consumption.

<p>(a) Food and Drugs Acts.</p>
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This most important branch of my work has during the year received due attention, as I consider it is of the utmost importance that the public should be protected as much as possible against fraud in the food they eat and drink.

With a large number of legal formalities to be observed in taking of samples and proceedings against offenders, which originally framed with a view to protecting the honest trader against unfair treatment, have however, placed difficulties in the way of detecting offenders and have provided numerous loopholes, through which the dishonest trader can evade the law.

As in previous years, I have taken samples at all times, including Sundays and holidays, as it is only by constant sampling at irregular and uncertain times that the dishonest trader can be detected and prevented from carrying on his practices.

The high price of milk cattle with the subsequent scarcity of milk combined with other causes, has caused more adulteration to be practised in this district than usual, and it has been necessary to institute legal proceedings in six cases for adulterations varying from 6 % to 28 % of added water.

It is pleasing to note that the "Genuine" samples were of a high quality and gave percentages of both fat and non-fatty solids far above the standard fixed by the Board of Agriculture.

My thirteen years' experience in milk sampling has convinced me that the honest trader has nothing to fear from the present milk standard.

Details of Food Samples.	<p>I have taken 41 samples of food for analysis by the Public Analyst.</p> <p>The samples consisted of:—Milk, 25 ; Tea, 2 ; Oatmeal, 2 ; Jam, 1 ; Butter, 3 ; Baking Powder, 1 ; Flour, 1 ; Sausages, 1 ; Cheese, 1 ; Aerated Waters, 1 ; Rice, 1 ; Mustard, 1 ; Borax, 1 ; Total, 41.</p> <p>Ten of the 41 samples were adulterated, particulars of which are shewn in Table No. 6.</p> <p>It is pleasing to note that all the milk samples were free from preservatives.</p> <hr/>
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TABLE No. 6.

DETAILS OF ADULTERATED FOOD SAMPLES.

NO.	KIND OF SAMPLE.	NATURE OF ADULTERATION.	RECORD OF ACTION TAKEN.
1	Milk	Added water .. 8.2%	Prosecution. Vendor fined 5s. fine and £2 1s. 6d. costs; Total £2 6s. 6d.
2	"	" .. 6.1%	Prosecution. Vendor fined 5s. fine and £2 1s. 6d. costs; Total £2 6s. 6d.
3	"	" .. 3.5%	Cautioned from the Legal Department.
4	"	" .. 28.6%	Prosecution. Vendor fined £2 fine and £2 os. 6d. costs; Total £4 os. 6d.
5	"	" .. 1.6%	Cautioned from the Legal Department.
6	Sausages	Boric Acid, 14 grains per lb.	Vendor warned by Sanitary Inspector.
7	Milk	Added water .. 8.5%	Prosecution. Vendor fined 10s. fine and £2 os. 6d. costs; Total £2 10s. 6d.
8	"	" .. 17.0%	Informal sample, further sample taken (see No. 10).
9	Mustard	Wheat Flour .. 15 %	Informal sample, further samples to be taken.
10	Milk	Added water .. 17.4%	Prosecution. Vendor fined £3 fine and £2 3s. 4d. costs; Total £5 3s. 4d.

Note.—The above refer to samples only taken by your own Sanitary Inspector.

**(b) Supervision
of Cowsheds,
Dairies and
Milkshops.**

There has been a marked improvement in the manner in which the cowsheds have been kept in this district during the past few years, which I am pleased to report has been well maintained during the year.

The regular cleansing and limewashing of cowsheds has been well observed and the grooming of flanks and hind quarters of milk cows, the washing of hands before, and wearing of aprons during milking operations are coming to be more recognised as part of the daily routine work by the cowkeepers.

There are still a few cowsheds which require improving structurally, which have been allowed to continue in the expectation of an amended "Milk Bill," but I do not think it advisable to further delay these necessary improvements and I propose bringing the unsatisfactory ones before you for your consideration during the coming year.

There are 43 cowsheds situated at 25 dairy farms and accommodating an average of 273 milk cows.

Each cowshed has been visited at least three times during the year by the Veterinary Inspector and myself, and a total of 820 milk cows have been inspected, the milk from four cows being stopped for human consumption.

The various milkshops have been inspected and although some of these are not all that could be desired, the only milk stored in them is as a rule, the small surplus left after delivery.

More than 90% of the milk in this district is taken direct from the cowshed by the vendor for delivery, without intermediate storage.

**(c) Inspection
of Meat and
Supervision of
Slaughter-
Houses.**

I have inspected 103 of the animals killed in the slaughter-houses either during or immediately after slaughter and I have also inspected the meat in the shops, which is brought into the district after slaughter, of which there is a large quantity.

In two instances I found it necessary to object to the condition of parts of a carcase and they were withheld from sale for food and otherwise satisfactorily disposed of.

The six slaughter-houses in the district have been regularly inspected and they have been conducted on the whole, very satisfactorily and my complaints have been restricted to the infrequent emptying of the manure chambers and methods of disposing of the offal.

Improvements have been carried out at two of the slaughter-houses and the slaughter-houses are now, structurally, very satisfactory.

One slaughter-house has been discontinued for use as a slaughter-house and a new one is in course of erection.

The occupiers of slaughter-houses have been requested to provide small galvanised movable receptacles with proper lids for storing the offal until its early removal by the refuse carts.

With these improvements, the slaughter-houses, with one exception, will be in every way satisfactory and a credit to the district.

<p>(d) Inspection of "Offensive Trades," etc.</p>	<p>There is only one of the scheduled offensive trades, that of Tripe Dresser, carried on in the district.</p>
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These premises have been kept in their usual scrupulously clean condition and very creditable to the occupier.

There are 16 Fried Fish Shops in the district.

The fish sold from them is of very good quality, the majority of which is obtained daily from Grimsby.

REFUSE REMOVAL AND SCAVENGING.

9,953 loads of house refuse have been removed at a total cost, for the year, of 1s. 5 $\frac{3}{4}$ d. per load of refuse and 9s. 4d. per ashpit.

The removal of the refuse has been carried out, with very few exceptions, with regularity and expedition.

Complaints in regard to tardy removal of the ashpit contents after 9 a.m. have been fewer than in previous years and the ashpit contents have been satisfactorily disposed of for agricultural purposes and there has been quicker despatch in dealing with the refuse after being tipped on to the land.

This district is particularly fortunate in having large tracts of agricultural land within, or bordering upon its boundaries which are suitable in every way for absorbing enormous quantities of house refuse, both on account of its nature and the class of crops grown upon it, and I see no reason why the refuse of this district should not continue to be disposed of for agricultural purposes for many years to come, but the disposal will require to be *under strict supervision* and control, if serious nuisances are to be avoided.

There is a natural tendency when suggestions are brought forward for improved methods of removal and disposal, to infer that a Refuse Destructor will be the ultimate outcome, with the result, that a check is given to the suggestions being put into force.

The advocates of the privy-midden system also use this refuse destructor argument.

The surest, and, in my opinion, only way of preventing a refuse destructor with its enormous cost and unsatisfactory features being brought into realisation in this district, is by a proper use of the natural advantages this district possesses for disposal of the refuse on to the land along with improved methods of removal.

The difficulty in this district is not with the refuse, but with the rubbish, consisting of tins, pots, etc., which are yearly becoming more difficult to dispose of and arrangements will soon have to be made for these materials to be sorted at depots and more suitable ways of disposal found.

Were this done, many farmers and market gardeners, who at present object to have the refuse upon the land, would gladly use it.

The sewers throughout the district have been periodically flushed and the cesspools have been regularly emptied.

The house gullies, trough closets and urinals which are cleaned out by the Sanitary staff have been regularly attended to.

The work of cleaning out the house gullies by your Sanitary staff has always appeared to me, to be a very questionable duty for the Council to undertake, and I consider the benefits to the public health are altogether out of proportion to the cost incurred. A periodical scouring out of the house gully with a bucket of water, by the tenant is, as a rule, all that is required.

SANITARY CONVENIENCES.

Under this heading is included the various types of closets and ashpits in vogue in the district and details of the improvements and changes effected in connection therewith.

Details of the different kinds of closets and ashpits in the district on December 31st, 1913, are given in Table No. 7.

During the year five cases of insufficient closet accommodation have been remedied by the provision of five additional closets and 41 privies have been converted into water closets.

Twenty-one of these privies were situated less than six feet distant from dwelling houses.

Twenty-one privy middens have been abolished and 27 movable galvanised iron ashbins have been provided in lieu of fixed ashpits. In addition 19 w.c.'s, 15 ashbins and four fixed dry ashpits have been provided in connection with new houses erected.

Active measures have been taken by the issuing of Statutory Notices during the year for the conversion of privies into water closets, and with the abolition of the special charge for water closets, it is expected that more progress will be made in this work in the coming year, than has been the case hitherto.

There should be no slacking in this work of conversion which should be carried on as expeditiously as possible in the interests of the health of the district.

As you are fully conversant with all the facts relating thereto, I see no need to pursue this matter further, in this report.

TABLE No. 7.

DETAILS OF SANITARY CONVENIENCES IN DISTRICT.

NUMBER AND TYPE OF CLOSETS.				NUMBER AND TYPE OF ASHPITS.				CESSPOOLS. EMPTIED BY SANITARY STAFF.	TROUGH CLOSETS FLUSHED BY SANITARY STAFF.
DRY SYSTEM.		WATER-CARRIAGE SYSTEM.		TOTAL NO. OF ASHPITS ALL KINDS.	ASHPITS CONNECTED WITH PRIVIES	DRY ASHPITS.			
FIXED RECEP- TACLES.	MOVABLE RECEP- TACLES.	FRESH WATER.	WASTE- WATER OR HAND FLUSHED.			FIXED ASHPITS.	MOVABLE ASHBINS.		
1,408	0	1,037	141	1,583	853	317	423	17	19

DISINFECTION.

Disinfection is carried out by means of Formalin fumigation and spraying with a solution of Formaldehyde.

Fumigation alone, is as a rule, considered sufficient and spraying in addition is only carried out where the circumstances appear to require it.

The amount of disinfection work carried out is shewn in Table No. 8.

TABLE No. 8.

SUMMARY OF DISINFECTION WORK.							No.
Number of infected houses disinfected	..	..	..	..	..	..	214
„ „ rooms disinfected	..	..	..	..	..	..	574
„ „ houses disinfected throughout	..	..	..	..	..	..	107
„ „ houses with one, two or more rooms disinfected	..	..	..	..	..	..	107
„ schools disinfected throughout	..	..	..	..	..	..	6
„ classrooms disinfected in schools	..	..	..	..	..	..	55
„ other Public Institutions disinfected	..	..	..	..	..	..	1
„ houses disinfected on account of Scarlet Fever	..	..	..	..	..	..	136
„ „ „ „ „ Diphtheria	..	..	..	..	..	..	39
„ „ „ „ „ Enteric Fever	..	..	..	..	..	..	8
„ „ „ „ „ Phthisis	..	..	..	..	..	..	18
„ „ „ „ „ Vermin	..	..	..	..	..	..	6

Disinfectants in the form of powder and liquid have been distributed free to any applicant, as in previous years, from the various depots in the district.

The extent to which this is made use of, may be gathered from the fact that on Saturday, the 12th July, 71 persons personally called at the Rothwell Depot between the hours of 8 a.m. and 1 p.m., and were supplied with 75 bottles of liquid disinfectant and 48 bags of disinfecting powder.

In addition, disinfecting soap is supplied free to infectious cases.

CANAL BOATS.

Ninety-eight Canal Boats have been inspected and 24 contraventions of the Acts or Regulations were found.

The contraventions consisted of such matters as defective cabins, absence of water casks, insufficient ventilation, improper marking, absence of certificate and general defects.

The population living upon the boats inspected consisted of 134 males, 22 females and 19 children, a total of 175 persons.

These "birds of passage" keep their cabins as a rule in a very cleanly and neat condition and a dirty cabin is very seldom met with.

PETROLEUM ACTS.

Six licences have been issued under the above for the storage of 810 gallons of petrol and 36 lbs. of calcium carbide.

Each store has been inspected and the attention of each licensee specially called to the highly inflammable and dangerous nature of these substances, with a request to strictly observe the precautions printed upon the licence.

MISCELLANEOUS.

I have taken 29 samples of Trade Effluents and one sample of townswater has been submitted for analysis.

On two occasions I have inspected the Rothwell Beck throughout its whole course in the district, and have taken samples of all effluents discharging into it.

I have also made a special inspection of the sewers throughout the district.

Your Sanitary Committee has during the year made special visits for the purpose of inspecting the Oleine Works at Ouzlewell Green, sanitary conveniences in Rothwell and Rothwell Haigh and a number of dwelling houses in Rothwell, Rothwell Haigh and Carlton.

I am, Gentlemen,

Your obedient Servant,

ERNEST FREDERICK MOORHOUSE,

A.R.San.I., M.S.I.A.

January 23rd, 1914.

**VETERINARY INSPECTOR'S REPORT ON THE INSPECTION
OF MILK CATTLE.**

During the year 1913 I have made 820 Veterinary examinations of cows in your district and in each animal noted the condition of the udder.

The number of diseased udders has gradually decreased.

The quality and general condition of the animals has been maintained.

SAMUEL WHARAM, M.R.C.V.S.Lond.

January, 1914.